Prairie North
Health Region

Annual Report 2016-2017

Healthy People. Healthy Communities.

Better

better health • better care • better value • better teams

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

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This Annual Report is available in electronic format on the Prairie North Regional Health Authority website under Publications:

www.pnrha.ca

Letter of Transmittal

Prairie North Health Region

To: The Honourable Jim Reiter
Minister of Health

Dear Minister Reiter:

Prairie North Regional Health Authority (PNRHA) is pleased to provide you and the residents of Prairie North Health Region (PNHR) with our 2016-2017 Annual Report, as required under *The Regional Health Services Act*, section 55.

This report provides the audited financial statements and outlines activities and accomplishments of the Regional Health Authority (RHA) for the year ended March 31, 2017.

We welcome this opportunity to report to you and to the public, assessing our overall performance in administering public funds entrusted to us, and in providing patient-focused, safe, quality, effective, and efficient health care.

Prairie North Regional Health Authority is proud of our outstanding team of health care providers through all sectors of the organization. Their individual and collective contributions are the keys to PNRHA's success over the past year in improving the quality and safety of the health services we provide to our residents.

Respectfully submitted,

B. O'Grady

Bonnie O'Grady
Chairperson
Prairie North Regional Health Authority

Message from the Board Chairperson and Chief Executive Officer

On January 4, 2017 the Government of Saskatchewan announced that the province will transition its 12 existing Regional Health Authorities (RHAs) into one provincial health authority governed by a single board of directors. The new Authority is to come into being in Fall 2017 *(Government of Saskatchewan news release January 4, 2017).*

The restructuring of Saskatchewan's health system marks a new era in the delivery of safe, quality, accessible, appropriate, effective and efficient health care services to residents all across the province. The move to a single provincial health authority also signals the end of Prairie North Regional Health Authority and the health region as they currently exist.

Prairie North has been served by the same Chairperson and the same Chief Executive Officer since the RHA was formed on August 1, 2002. Board member Ben Christensen and Vice President Irene Denis have also served with Prairie North since its inception. Appreciation is extended to all current and former PNRHA Board members and senior leaders for your dedication and commitment to the residents of northwest central Saskatchewan.

Many frontline care providers, physicians, support personnel, managers, and directors have also served the past 15 years with Prairie North. This speaks volumes about your passion for the work you do, and your devotion to the people you serve. We applaud all current and former staff members and physicians for all you have delivered and all you have achieved as the heart and soul of Prairie North. Your patients, colleagues and communities have benefitted greatly from your caring, compassion, expertise, experience, and professionalism.

As a comprehensive team, Prairie North's current and former Board members, senior leaders, directors, managers, frontline care providers, physicians, and support workers have much to be proud of throughout the RHA's 15-year journey.

As an entire team, we have focused on our patients, residents, and clients - always striving to deliver the very best care and services we could within our finite resources. We have continuously worked to improve what we do and ensure safety for our patients and ourselves. We have aimed to be innovative and strategic in continuing to meet the health care needs of our communities.

Together, we have celebrated improvements and successes. Together, we have faced challenges and obstacles. Through it all, we have continuously moved forward with our patients at our hearts, toward our vision of *'Healthy People. Healthy Communities'*.

With this PNRHA Annual Report, we encourage each of you to embrace the changes ahead and maintain focus on the reason you chose health care in the first place: the patient.

We express deepest appreciation for the privilege of serving as Board Chair and CEO of Prairie North Regional Health Authority for the past 15 years.

Sincerely,

B O'Grady

Bonnie O'Grady
Chairperson

David Fan
CEO

Introduction

This Annual Report presents the activities and results of Prairie North Regional Health Authority (PNRHA) for the fiscal year ending March 31, 2017.

The Report reviews and assesses the progress PNRHA has made over the past year toward achieving our Vision of ***"Healthy People. Healthy Communities."*** in the context of our Mission to ***"work with individuals and communities to achieve the safest and best possible care, experience and health"*** for our patients, residents and clients.

We are pleased to present results on the publicly committed strategies, targets, actions, and performance measures set out in PNRHA's 2016-17 Strategic Improvement Plan, in the Regional Health Authority's (RHA's) 2016-17 Accountability Document with the Ministry of Health, and in line with the provincial strategic direction for the health system, as outlined in the Ministry of Health and Health System Plan for 2016-17.

Prairie North Regional Health Authority is responsible for the preparation of this report and acknowledges our responsibility to ensure that the data and interpretation contained herein is accurate and reliable.

The results and measures in this report are sourced through Prairie North's Regional Visibility Wall (VisWall) - a reporting tool used by the RHA to track alignment and course correction toward the Authority's annual priority improvement projects, our accountabilities with the Ministry of Health, and the provincial health system plan. Unless otherwise noted, the indicators reported on in this document are taken from these tools and are the most recent available to PNRHA at the time of preparation of this report.

The Annual Report is prepared and presented to PNRHA's senior leadership team (SLT) for review, revision, and approval. The SLT-approved report is presented to the Prairie North Regional Health Authority Board for final approval, and is then submitted to the Ministry of Health.

Alignment with Strategic Direction

Prairie North Regional Health Authority is directly accountable to the Minister of Health. The RHA functions in alignment with the Ministry's Five-year and 2016-17 Health System Plan.

Saskatchewan's Ministry of Health has four enduring strategies for improving our health care system:

Better health
Better care
Better value
Better teams

In alignment with the four *Betters*, the Ministry and Provincial Leadership Team (PLT) set specific outcomes, improvement targets and measures for 2016-17 in the areas of primary health care, seniors, mental health and addictions, referral to specialists and diagnostics, emergency department waits and patient flow, appropriateness, bending the cost curve, investment in infrastructure, and culture of safety.

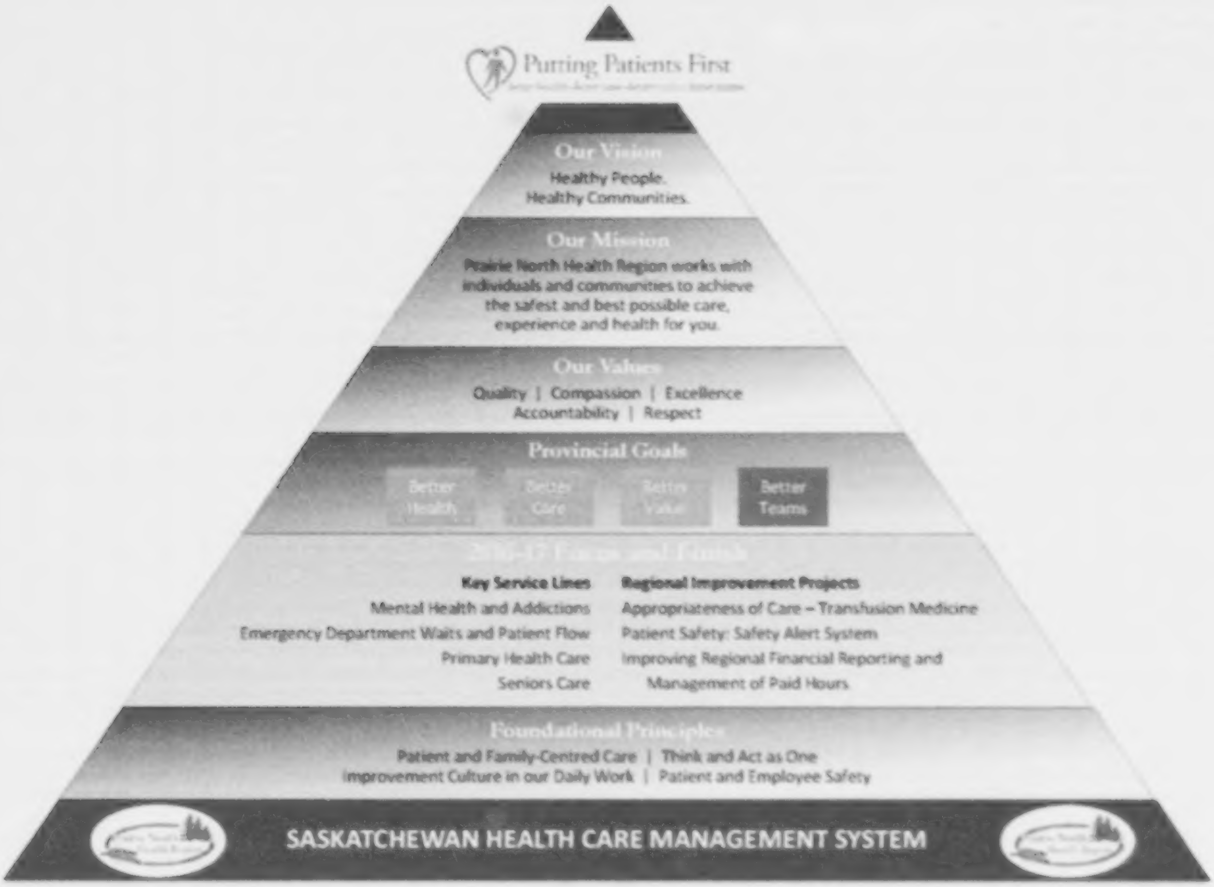
PLT consists of representatives from the Ministry of Health, the chief executive officers (CEOs) and Board chairpersons of all Saskatchewan RHAs, 3sHealth, the Saskatchewan Cancer Agency (SCA), and Saskatchewan Medical Association (SMA), as well as physician representatives.

For 2016-17, PLT set a single province-wide break-through initiative (Hoshin) related to emergency department waits.

As did the other sectors of Saskatchewan's health system, PNRHA again used the Hoshin Kanri method of strategic planning to identify and focus on its improvement projects for 2016-17.

The 12-month period from April 1, 2016 to March 31, 2017 marks the fifth year Prairie North Regional Health Authority has used Hoshin Kanri.

PNRHA Strategic Improvement Plan 2016-17



Putting Patients First

Our Vision

Healthy People.
Healthy Communities.

Our Mission

Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience and health for you.

Our Values

Quality | Compassion | Excellence
Accountability | Respect

Provincial Goals

Better Health
Better Care
Better Value
Better Teams

2016-17 Focus and Finish

Key Service Lines	Regional Improvement Projects
Mental Health and Addictions	Appropriateness of Care – Transfusion Medicine
Emergency Department Waits and Patient Flow	Patient Safety: Safety Alert System
Primary Health Care	Improving Regional Financial Reporting and Management of Paid Hours
Seniors Care	

Foundational Principles

Patient and Family-Centred Care | Think and Act as One
Improvement Culture in our Daily Work | Patient and Employee Safety

SASKATCHEWAN HEALTH CARE MANAGEMENT SYSTEM

RHA Overview

Prairie North Regional Health Authority (PNRHA) is responsible for planning, organizing and delivering health services within its geographic area of north-west central Saskatchewan, consistent with the province's strategic direction and available resources.

PNRHA is responsible to promote and encourage health and wellness, assess the health needs of its residents, and monitor and report on its progress in providing services that meet residents' health needs.

Through PNRHA's network of ambulance services, hospitals, diagnostic, general and specialty medical services, health centres, primary health care sites, rehabilitation services, chronic disease management, home care, long-term care, public health, mental health and addictions services, and many others, individuals have access to a comprehensive array of preventative, promotional, informational, assessment, emergency, treatment, rehabilitative, supportive, and palliative patient care services that span a lifetime.

PNRHA works through environmental health and infection prevention and control to safeguard the health of our citizens and communities.

Supporting all of these patient care services, programs, and facilities are the RHA's teams of food and nutrition, housekeeping, maintenance, and materials management services.

Our Residents

- **84,485 residents -** third largest among SK health regions behind Saskatoon and Regina Qu'Appelle *(Saskatchewan Health Covered Population 2016)*
- **19,645 Lloydminster, AB residents** *(Statistics Canada Census 2016)*
- **additional residents from surrounding Alberta communities and areas**
- **an untold transient population** working in and around Lloydminster

PNRHA's administrative programs including finance, human resources, labour relations, information technology, communications, and continuous safety and quality improvement provide the leadership, oversight, and management of our direct care and support services.

Our Team

- **3,540 health care professionals** in 2,604.28 full-time equivalent (FTE) positions
- **127 general practice and specialist physicians** who live and work in the Region

Prairie North delivers its services in 33 Region-operated or supported facilities and service sites, as well as through contracted/private service sites and programs, in community locations, and in client homes *(See Appendix C, page 105)*.

A Unique Health Region

Prairie North Regional Health Authority is unique among Saskatchewan health regions as it is the only RHA delivering health services in two separate provinces, in Canada's only border city - Lloydminster.

PNRHA is the only Saskatchewan health region that has direct responsibility for Alberta residents. This presents many special considerations and challenges in the management and provision of health services to people living under differing provincial jurisdictions in the same community.

Prairie North is also the only health region in Saskatchewan with two Regional hospitals (Battlefords Union and Lloydminster).

Prairie North Health Region is the location of Saskatchewan's only provincial psychiatric rehabilitation hospital (Saskatchewan Hospital, North Battleford) which itself is home to the province's Forensic Services program.

Patient Services in Prairie North Health Region 2016-17

- **184 hospital beds** were staffed and in operation
- **5.22 days** was the **average length of stay** for each hospital inpatient
- **10,733 patients** were admitted to hospital
- **1,676 babies** were delivered
- **6,896 surgeries** were performed, including **1,146 cataract surgeries** and **107 hip and knee replacements**
- **75.1% of surgeries** performed in PNHR were done as **day surgeries**
- **4,125 endoscopic cases** were performed
- **68,801 people** received care in our **emergency departments**
- **40,555 people** received care in our **health centres and ambulatory care clinics**
- **919,620 laboratory tests** were performed including electrocardiograms (ECGs)
- **46,143 general radiography exams** were taken
- **3,314 mammography exams** were done
- **8,484 ultrasound exams** were performed
- **12,202 CT exams** were conducted
- **60,444 hours of care** were provided to patients by **Home Care nurses**
- **77,893 hours of homemaking services** were provided to Home Care patients
- **30,159 Meals on Wheels** were delivered
- PNRHA's **620 Long-Term** and **Short-Term Care Beds** were full at a **97.3% occupancy rate**
- **1,580 patients** were seen through **2,018 clinical Telehealth** sessions
- **47,725 patient visits** were made to deliver **physiotherapy services**
- **8,219 visits** were made to patients to deliver **occupational therapy services**
- **7,075 patient visits** were made for **speech-language pathology services**
- **452 client visits** were made for **early childhood psychology services**
- **792 client visits** were made for **acquired brain injury services**
- **3,241 client visits** were made for **autism spectrum disorder services**
- **3,262 client visits** were made to receive **podiatry services**
- **6,900 children** were seen in **child health clinics**
- **3,703 postnatal contacts** were made with clients
- **1,455 clients** received **travel clinic services**
- **178 mental health inpatient beds** were staffed and in operation
- **780 admissions** were made to **inpatient mental health** facilities
- **15,909 hours of service** were provided to **outpatient mental health clients**
- **4,651 client visits** were made to **addictions services**
- **212 clients** were admitted to PNRHA's two **inpatient addictions** locations (Hopeview Residence, North Battleford and Robert Simard Social Detox Unit, Meadow Lake)

Key Partnerships

PNRHA's primary partnership is with the Saskatchewan Ministry of Health.

The Regional Health Authority also partners with Health Care Organizations (HCOs) for delivery of:

- Additional Emergency Medical Services:
  - Marshall's Ambulance Care Ltd., St. Walburg
  - WPD Ambulance, Lloydminster
  - WPD Ambulance Care Ltd., North Battleford
- Addictions Services:
  - Thorpe Recovery Centre, Lloydminster
- Mental Health Services:
  - Libbie Young Centre Inc., Lloydminster
  - Edwards Society Inc., North Battleford
  - Canadian Mental Health Association (CMHA), Battlefords Branch
- Continuing/Supportive Care Services:
  - Société Joseph Breton Inc., North Battleford (Villa Pascal Long-Term Care home – PNRHA's only Affiliate organization)
  - Points West Living Lloydminster Inc. (Assisted Living).

Other key Ministries, agencies, organizations, and programs are also significant partners in PNRHA's delivery of services to help meet patient, resident, and client needs:

- Ministries of Justice, Corrections and Policing; Social Services; Central Services; and Education
- 3sHealth (Health Shared Services Saskatchewan)
- eHealth Saskatchewan
- K-Bro Linen Systems
- First Nations communities and organizations
- Battlefords Family Health Centre
- KidsFirst
- Highway 40 Health Holdings (Cut Knife & Neilburg)
- North Saskatchewan River Municipal Health Holdings (NSRMHH)
- Educational divisions and institutions
- Local health care Foundations, Trust Funds, and Auxiliaries
- Community organizations and committees

Prairie North maintains a relationship with Alberta Health Services (AHS) which provides funding support to PNRHA for provision of health services to Alberta residents of Lloydminster and area. Under the *Lloydminster Charter* and legislative agreement, PNRHA is responsible for delivery of most health services to the City of Lloydminster.

Community Advisory Networks

Prairie North Regional Health Authority has an important, active group of local committees, called Community Advisory Networks (CANs) or Community Health Advisory Networks (CHANs) that facilitate and support consultation with and input from local communities.

The CANs/CHANs advise the Authority on broad issues related to the health of the community. The CANs/CHANs assist the Authority to understand the needs and priorities of communities and their residents.

PNRHA's network of community advisory groups includes those formally established by the RHA:

- Meadow Lake and Area Community Health Advisory Network
- Lakeland Region Community Health Advisory Network
- Lloydminster & District Health Advisory Committee.

Governance

Prairie North Regional Health Authority is the governing body of Prairie North Health Region. The Board consists of a maximum of 12 members.

Board members are appointed by the Minister of Health through Order-in-Council. They are accountable to the Minister who also appoints the Board Chairperson.

The most recent appointments to the Board were made on October 5, 2015 when nine Board members were reappointed and one new member was added, bringing the Board complement to 10.

PNRHA was saddened early in 2017 by the death of Board member and prominent real estate professional Wayne Hoffman of North Battleford. Mr. Hoffman was first appointed to the Prairie North RHA Board in May 2012.

During his tenure with PNRHA, he contributed greatly, always with the best interests of all residents of Prairie North Health Region at heart. He was committed to provision of the safest and best possible care to patients.

PNRHA appreciates Wayne's contributions to the organization, and extends sincere sympathies to his family, friends, and colleagues.

For the remainder of the 2016-17 operational year, the PNRHA Board functioned with nine members.

The roles and responsibilities of RHA Boards are defined in *The Regional Health Services Act,* which created Saskatchewan's health authorities in 2002. These roles and responsibilities are noted on page 5 of this report.

PNRHA functions primarily as a single entity, as a full Board. A Finance Committee assists the Board in fulfilling its financial responsibilities.

PNRHA Board members serve as representatives on committees and organizations throughout the Region. Board members report at regular monthly Board meetings regarding their participation in and activities of the committees.

Prairie North Regional Health Authority

Board Members and Chief Executive Officer

(As of February 2, 2017)

Front Row, from left:

Hélène Lundquist, Lloydminster
Leanne Sauer, Vice-Chairperson, Lloydminster
Bonnie O'Grady, Chairperson, Maidstone
Jane Pike, Meadow Lake
Gillian Churn, Maidstone

Back Row, from left:

Ben Christensen, North Battleford
Glenn Wouters, Meota
Wayne Hoffman, North Battleford
Sheldon Gattinger, North Battleford
Anil Sharma, Lloydminster
David Fan, CEO

Organizational Structure

Prairie North Regional Health Authority's organizational structure aligns with the provincial health system's foundational enduring strategies of Better Health, Better Care, Better Value, and Better Teams.

Under the direction of the Chief Executive Officer, PNRHA's Senior Leadership portfolios are organized according to the four Betters and are headed by a corresponding Vice-President (VP).

The Better Team also includes the Vice-President of Practitioner Staff Affairs portfolio - a part-time position in collaboration with three Co-Senior Medical Officers (Co-SMOs) serving The Battlefords, Lloydminster, and Meadow Lake respectively.

PNRHA experienced no change in its Senior Leadership Team (SLT) members in 2016-17. The organization continues to be lead by CEO David Fan who has served in the position for Prairie North Regional Health Authority since its inception in August 2002.

Prairie North Regional Health Authority

Senior Leadership Team

As of March 31, 2017

Vikki Smart
VP Primary Health Services

Gloria King
VP Integrated Health Services

David Fan
CEO

Irene Denis
VP People, Strategy & Performance

Derek Miller
VP Finance & Operations

Dr. Almereau Prollius
VP Practitioner Staff Affairs

Progress in 2016-2017:

PNRHA Strategic Improvement Plan 2016-17

Prairie North Regional Health Authority continues to make progress toward achieving our Vision and Mission, guided by our Values, and in alignment with the Ministry of Health's Five-year and 2016-17 Health System Plan.

PNRHA leaders broadened the organization's 2016-17 Strategic Improvement Plan to include improvement targets in three areas, as shown in the graphic below.

- ***Prairie North's Foundational Principles:***
  - Think and Act as One
  - Patient and Employee Safety
  - Patient- and Family-Centred Care
  - Improvement Culture in our Daily Work
- ***Key Service Lines:***
  - Mental Health and Addictions
  - Emergency Department Waits and Patient Flow
  - Primary Health Care
  - Seniors Care
- ***Regional Improvement Projects (Hoshins):***
  - Appropriateness of Care - Transfusion Medicine
  - Patient Safety - Safety Alert System
  - Improving Regional Financial Reporting and Management of Paid Hours

This year's report on ***Progress in 2016-2017*** focuses on and is organized according to the PNRHA Strategic Improvement Plan.

As in past years, the Strategic Improvement Plan does not capture all of the work being done to serve patients in Prairie North Health Region, but helps us 'focus and finish' specific improvement work.

Regional improvement targets were set within each area, in support of achieving provincial priorities but also based on specific regional needs and opportunities. Where regional targets vary from provincial targets, more accelerated improvements were sought regionally.

To remain accountable to these continuous improvement goals, Prairie North RHA reports on its progress at twice-monthly Regional Visibility Wall (VisWall) Walks. Because of the dispersed nature of the Region, video conferencing and WebEx-based technology are used to conduct our virtual VisWall walks.

Data relating to our improvement goals are posted on the Quality Improvement Sharepoint site (accessible to all Prairie North employees logged into their PNRHA computer account, at http://sharepoint/viswall) in the Regional Visibility Wall library.

On the second Tuesday of the month, service lines report on progress toward their improvement targets, specific corrective actions, and key highlights of the month.

On the fourth Tuesday of the month, progress on regional improvement projects is reported, along with Rapid Process Improvement Workshop (RPIW) audit results.

PNRHA's senior leaders also report on specific data to the Ministry of Health to demonstrate our progress towards specific provincial improvement goals. Provincial wall walks are held quarterly.

Prairie North holds Regional Reviews three times per year to bring its leaders together to review and celebrate progress on the RHA's Strategic Improvement Plan, and to begin to identify what challenges the future year will bring. Reviews are held in October, March and June. Progress towards improvement goals under each foundational principle is reported at the Regional Reviews.

The Work We All Do:

Prairie North's Foundational Principles

Think and Act As One

The provincial Ministry of Health works with all Saskatchewan regional health authorities and health-related organizations to set annual and multi-year targets and outcomes. This ensures we pull together as one system to make significant changes and improvements that benefit all Saskatchewan residents. Prairie North RHA's Strategic Improvement Plan supports the Ministry of Health Plan for 2016-17.

PNRHA's Strategic Improvement Plan also supports thinking and acting as one within our own organization by establishing and communicating common goals and improvement targets among Prairie North departments.

PNRHA 2016-17 Improvement Target

- In 2016-17, Prairie North will continue to develop visual daily management processes (ie. cascading huddles) that support timely information sharing throughout the organization.

Key Actions & Results:

- Following initial data collection, this work was rolled into the Regional Financial Reporting improvement project. See pages 37 and 38 of this annual report.

Patient & Employee Safety

System Four-Year Outcome

Prairie North Regional Health Authority supports the provincial health system's four-year improvement outcome that to achieve a culture of safety, by March 31, 2020, there will be no harm to patients or staff.

System Improvement Targets

- **By March 31, 2017, all health regions and the Saskatchewan Cancer Agency (SCA) will achieve a 100% score on their Safety Alert/Stop the Line (SA/STL) implementation assessment.**
- **By March 31, 2017, all health regions and the SCA will have investigated incidents of injury involving shoulder and back, to root cause.**
- **By March 31, 2017, all health regions and the SCA will implement the Safety Management System (SMS).**

PNRHA 2016-17 Improvement Targets

- By March 31, 2017, Safety Alert/Stop the Line will be implemented throughout Prairie North Health Region.
- By September 30, 2016, 100% of PNRHA directors and managers will have completed the Root Cause Analysis general education package available through Prairie North's Employee Health and Safety program and Occupational Health and Safety (OH&S).
- By March 31, 2017, all elements of the Safety Management System will be implemented and outstanding recommendations from the self-assessment will be completed.
- By March 31, 2017, there will be a 25% decrease from the previous fiscal year in Workers' Compensation Board (WCB) time loss injuries.
- By March 31, 2017, there will be 10% decrease in sick time hours from the previous fiscal year.

Key Actions & Results:

- Prairie North Regional Health Authority is striving to build a safe, supportive and quality workplace that supports patient- and family-centred care. The well-being of our patients, residents and clients is inextricably linked to the health and safety our workforce.

  Our organization is committed to achieving a culture of safety where no patients or staff members suffer injury or harm. The only acceptable goal is zero injuries and harm.

  This is a bold but necessary goal set by the provincial health system. Achieving it requires focused effort to eliminate or mitigate opportunities for harm.

  Our objective is to diligently implement processes to control all identified hazards that pose a risk to the health and safety of all individuals.

Celebrating Safety

Prairie North Regional Health Authority salutes the employees of 11 of our facilities that achieved **ZERO** time loss injuries for all of the 2016-17 operating year (as per data April 10, 2017):

- ✓ Battlefords Mental Health Centre, North Battleford
- ✓ Child and Youth Services, Don Ross Centre, North Battleford
- ✓ Cut Knife Health Complex, Cut Knife
- ✓ Lady Minto Health Care Center, Edam
- ✓ L. Gervais Memorial Health Centre, Goodsoil
- ✓ Lloydminster Community Health & Home Care, Lloydminster
- ✓ Manitou Health Centre, Neilburg
- ✓ Meadow Lake Primary Health Clinic, Meadow Lake
- ✓ Paradise Hill Health Centre, Paradise Hill
- ✓ PNHR Regional Trades
- ✓ Prairie North Plaza, Lloydminster

Congratulations!!!!

- **Safety Alert/Stop the Line**

  Prairie North RHA focused determinedly and enthusiastically on implementing the SA/STL process over the past year. Safety Alert/Stop the Line is a health system-wide process that allows anyone (staff, patients, or family members) who encounters a safety hazard to fix it, if able, and report the hazard immediately. The organization has an obligation to respond according to a pre-established process that will stop the reported activity until the concern has been addressed.

  Implementing this system in Prairie North has involved the development of tools and processes specific to our RHA and a commitment to educating frontline staff, leaders, and patients about SA/STL. Prairie North recognizes that full implementation requires a culture change within the organization.

The system applies to safety concerns that affect both patient and staff safety, so PNRHA's Quality Improvement Program and Employee Health and Safety Program collaboratively developed SA/STL for Prairie North. This partnership resulted in streamlined processes that support the goals and requirements of both programs and the overarching provincial goal of having *no harm* to patients or staff.

- Prairie North RHA successfully implemented SA/STL through 91% of the organization, falling just shy of the 100% target. Implementation work continues to reach 100% early in 2017-18.
- In 2016-17, **88 directors and managers** completed the three-hour SA/STL education session.
- In 2016-17, **454 staff members** took part in 10-15 minute on-the-spot education sessions offered in their workplace. These sessions covered the following topics:

✓ Stop, Assess, Fix, Escalate, Report (SAFER) – everyone is a safety inspector and has the responsibility to act on safety concerns

✓ Decision Tree – review with emphasis on TEAM moment

✓ Who is on the team? – includes the patient and/or family. Rank and position are not important.

✓ Who can call a TEAM moment? – YOU.

✓ Scenario – can you think of a time when you've handled a safety situation?

✓ Reporting – commitment to 'closing the loop'. Workplace Incident Report (WIR) and Client Occurrence Safety Report (COSR) processes stay the same. Managers will talk to you about how exactly this looks in your area. Report Good Catches (Near Misses), used for communication and measurement.

✓ Communication – please speak to your manager about what is working and what is not as we test the Safety Alert System!

Think **SAFER** when you sense a safety concern.

S STOP any unsafe activity or procedure.
Thank the person who identified the safety concern.

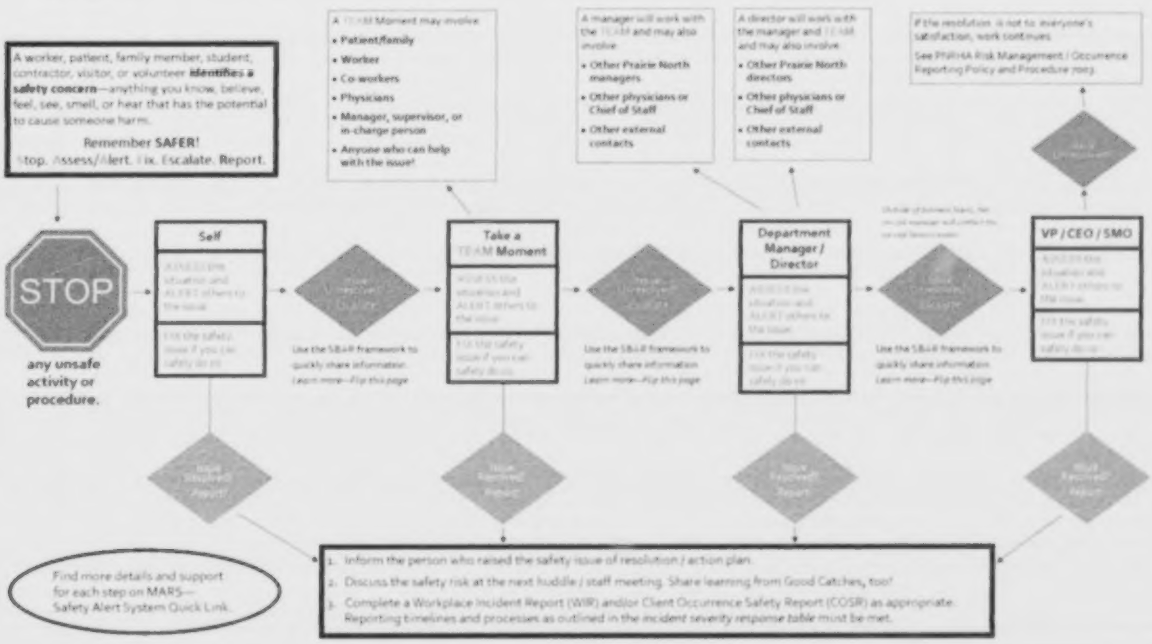
A ASSESS the situation and ALERT others to the issue.

F FIX the safety issue if you can safely do so.

E **ESCALATE** the safety issue if you can't safely fix it yourself.

R **REPORT** the issue.
Complete a COSR for a patient safety issue or a WIR for an employee safety issue.

Safety Alert System: The TEAM Approach to Safety


A worker, patient, family member, student, contractor, visitor, or volunteer identifies a safety concern—anything you know, believe, feel, see, smell, or hear that has the potential to cause someone harm.
Remember SAFER!
Stop. Assess/Alert. Fix. Escalate. Report.
STOP
any unsafe activity or procedure.
Self
ASSESS the situation and ALERT others to the issue.
FIX the safety issue if you can safely do so.
Use the SBAR framework to quickly share information. Learn more—Flip this page
A TEAM Moment may involve:
• Patient/family
• Worker
• Co-workers
• Physicians
• Manager, supervisor, or in-charge person
• Anyone who can help with the issue!
Take a TEAM Moment
ASSESS the situation and ALERT others to the issue.
FIX the safety issue if you can safely do so.
Use the SBAR framework to quickly share information. Learn more—Flip this page
A manager will work with the TEAM and may also involve
• Other Prairie North managers
• Other physicians or Chief of Staff
• Other external contacts
A director will work with the manager and TEAM and may also involve
• Other Prairie North directors
• Other physicians or Chief of Staff
• Other external contacts
Department Manager / Director
ASSESS the situation and ALERT others to the issue.
FIX the safety issue if you can safely do so.
Use the SBAR framework to quickly share information. Learn more—Flip this page
If the resolution is not to everyone's satisfaction, work continues.
See PNRHA Risk Management / Occurrence Reporting Policy and Procedure 7003
VP / CEO / SMO
ASSESS the situation and ALERT others to the issue.
FIX the safety issue if you can safely do so.
Find more details and support for each step on MARS—Safety Alert System Quick Link.

1. Inform the person who raised the safety issue of resolution / action plan.
2. Discuss the safety risk at the next huddle / staff meeting. Share learning from Good Catches, too!
3. Complete a Workplace Incident Report (WIR) and/or Client Occurrence Safety Report (COSR) as appropriate. Reporting timelines and processes as outlined in the *incident severity response table* must be met.

- Focused work continued over the past year to fully implement all six elements of the Safety Management System. SMS is a formalized risk management framework used to proactively improve safety in the workplace. Several action items remain outstanding related to SMS element 6 - emergency preparedness. A corrective action plan with target dates has been established to move toward successful implementation of this element.
- All 26 of PNRHA's Occupational Health Committees (OHCs) received training from the Saskatchewan Association for Safe Workplaces in Health (SASWH) on the SMS and inspections. Inspections are a component of SMS and the most effective tool to ensure the workplace is inspected to the point of elimination or control of a hazard.
- PNRHA enhanced its assistance to managers and supervisors toward increasing mandatory Occupational Health and Safety (OH&S) training rates throughout the organization. A new Annual Training Plan was launched, focusing on specific required training each month. The new plan was successful in increasing training rates by March 31, 2017 as follows:
    - 1,405 employees were trained in Transfer, Lift, and Repositioning (TLR) in 2016-17, 13% more than in 2015-16;
    - 1,139 employees were Respiratory Fit tested, 61% more than the year previous; and
    - 1,119 employees received Workplace Assessment Violence Education (WAVE) training, 56% more than in 2015-16.
- PNRHA now has two staff members certified as ergonomic specialists, incorporating the concepts of ergonomics into their daily work of incident investigation and return-to-work functions. This has served to educate and empower frontline workers to take reasonable control of their 'human work system' and has resulted in further requests for assessments and better wellness in departmental work areas beyond office settings. A total of 45 ergonomic assessments were completed in the 2016-17 fiscal year.

PNRHA Workplace Injuries 2016-17

By the Numbers

- **79** employees reported work-related injury resulting in time loss from work for days or months, or potentially permanent injury (Code 3 Time Loss).
- **100** employees reported work-related injury requiring medical assessment and treatment, returning to work the next day (Code 3 Medical).
- **367** employees reported work-related injury resulting in no time loss or medical aid required (Code 2).
- **546** employee injuries were reported in the 2016-17 fiscal year, equating to **1.5** employee injuries reported daily.

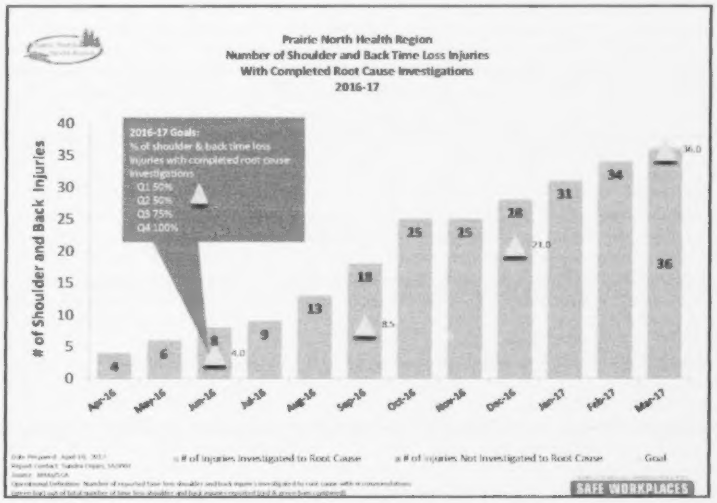
By the Cause - Top Three (WCB time-loss injuries)

- **22%** of injuries to PNRHA employees were the result of improperly using or failing to use TLR.
- **17%** of PNRHA employee injuries were due to slips, trips, and falls.
- **14%** of injuries to PNRHA employees were due to violence.

Measurement Results:

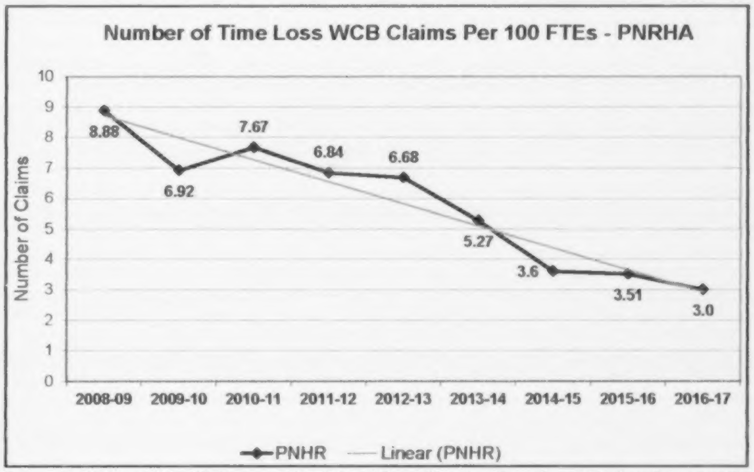
Time Loss Back and Shoulder Injuries:

- PNRHA met its March 31, 2017 target of investigating incidents of injury involving shoulder and back to root cause. The graph (below) shows that 36 Prairie North employees suffered back and shoulder injuries in the past fiscal year, resulting in time loss claims. This is a 28% decrease from the 44 time loss back and shoulder injuries incurred by PNRHA employees in 2015-16.
- Of the 36 back and shoulder time loss injuries:
    - 39% were the result of improperly using or failing to use TLR;
    - 22% were due to slips, trips, and falls;
    - 19.4% were due to violence in the workplace;
    - 11% were due to bending or climbing;
    - 8.3% were due to equipment failure.
- Prairie North RHA continues to emphasize proper use of TLR to reduce back and shoulder, and other employee injuries. Focus remains on root cause analysis of workplace injuries and timely investigation.



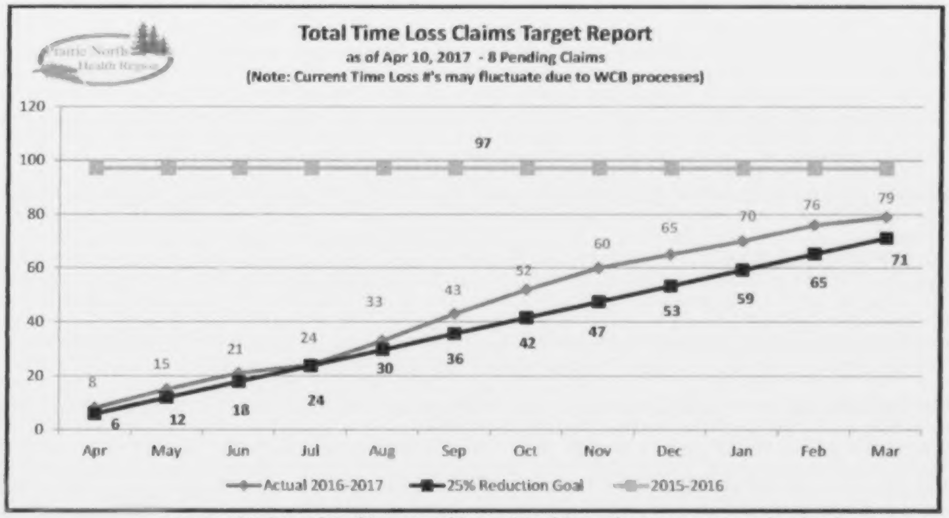
WCB Time Loss Claims per 100 FTEs:

- The measure of Workers' Compensation Board (WCB) Time Loss Claims per 100 full-time equivalent (FTE) positions is a standard provincial indicator of progress toward achieving an injury free workplace. PNRHA achieved a small decrease in this measure for 2016-17, to three WCB time loss claims per 100 FTEs, from 3.51 the previous year. Provincially, the Saskatchewan health sector overall achieved a decline to 4.06 WCB time loss claims per 100 FTEs, compared to 4.35 in 2015-16.
- The graph (right) illustrates that over the past nine years, Prairie North Regional Health Authority has been successful in significantly reducing WCB time loss claims. The RHA has gone from a high of 8.88 in 2008-09 to three at the end of March 2017. This equates to a 66.2% reduction in WCB time loss claims per 100 FTEs. In the past four years alone, since the end of March 2012, Prairie North has achieved a 56% improvement.
- PNRHA works diligently at eliminating, minimizing and controlling hazards to achieve the Mission Zero goal: Zero Workplace Injuries, Zero Suffering, and Zero Fatalities.



Source: Ministry of Health Partnerships & Workforce Planning Branch, and Saskatchewan WCB

Total Time Loss Claims:

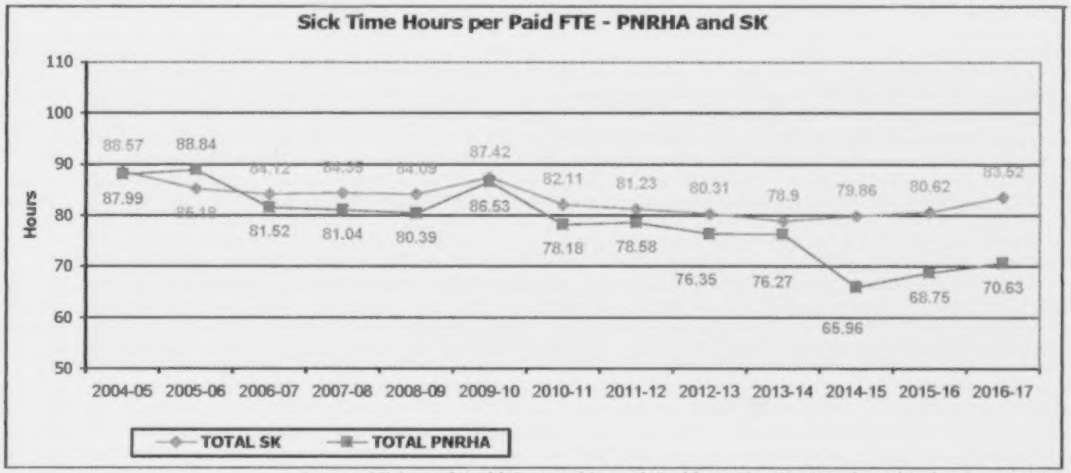


Source: Ministry of Health Partnerships and Workforce Planning Branch, and Saskatchewan WCB

- The graph (right) is another way of illustrating PNRHA's continued progress toward meeting its goal of reducing workplace injuries. The illustration shows that while the total number of time loss claims (79) was lower in 2016-17 than the 97 recorded the year previous, the Authority did not reach its 25% reduction target of 71 time loss claims by March 31, 2017.
  Prairie North data as of April 10, 2017 indicates the RHA achieved a 19% reduction in the past year.

Sick Time Hours per Paid FTE:

- Like WCB Time Loss Claims, the measure of Sick Time Hours per Paid FTE reflects Prairie North RHA's efforts toward a safe, healthy workplace and workforce. Regular attendance at work is crucial to the effective operation of any organization. PNRHA's Attendance Support Program is a non-disciplinary system of monitoring and communicating the use of sick time. In 2016-17, 24% of Prairie North employees each used more sick time than the Regional average.
- Prairie North Regional Health Authority did not reach its 2016-17 goal of a 10% reduction in sick time hours from the year previous. The graph (below) illustrates that PNRHA experienced a slight increase in sick time hours in 2016-17, to 70.63 hours per paid FTE, from 68.75 hours the year prior. Prairie North's rate remains below that of the Saskatchewan health system as a whole which also saw its sick time hours per paid FTE rise in 2016-17 to 83.52, compared with 80.62 at the end of March 2016.



Source: Ministry of Health Partnerships and Workforce Planning Branch, and Saskatchewan WCB

Patient- & Family-Centred Care

The Institute for Patient and Family Centered Care (US) defines patient- and family-centred care (PFCC) as "an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care."

Four principles of PFCC have been adopted in Saskatchewan:

- Respect and Dignity
- Information Sharing
- Participation
- Collaboration

PNRHA participates fully in the provincial Patient and Family-Centred Care Guiding Coalition which set the following three goals for Saskatchewan health regions and health organizations for 2016-17:

- Provide staff education opportunities, as well as include PFCC content in general staff orientation.
- Involve Patient and Family Advisors in regional strategic planning.
- Involve Patient and Family Advisors in the Continuous Safety Quality Improvement – Risk Management (CSQI-RM) Committee.

Prairie North's PFCC improvement targets align with the provincial priorities.

PNRHA 2016-17 Improvement Targets

- Implement Open Family Presence policy in all acute care facilities.
- Support the regional Patient- and Family-Centred Care (PFCC) Advisory Committee, made up of staff members, and Patient and Family Advisors (PFAs).
- Make PFCC education available to all staff.
- Involve Patient and Family Advisors in 2017-18 strategic planning and CSQI-RM.

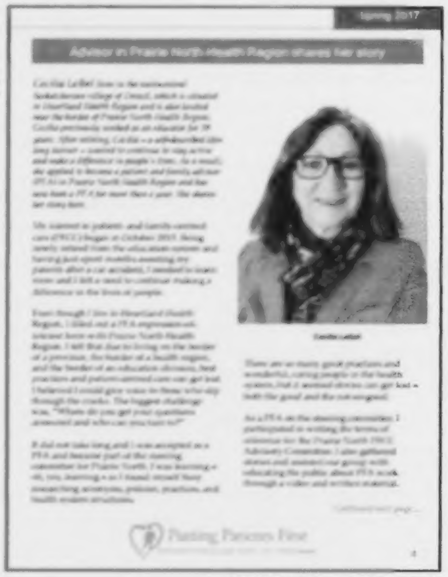
Key Actions and Results:

- Prairie North's acute care visiting hours policy was replaced by an Open Family Presence policy at the end of the 2015-16 operating year. Throughout 2016-17, the RHA's three largest acute care sites (Battlefords Union, Lloydminster, and Meadow Lake Hospitals) worked to implement the new policy in a variety of ways, including garnering input and collaboration of patient and family advisors. Review and evaluation will continue in 2017-18 to ensure the policy is fully implemented in all five of PNRHA's acute care sites.

  The goal of Open Family Presence is to recognize that families are partners in the patient's care, and to ensure patients are welcome to have their loved ones with them to the degree that they wish, rather than restricted to specific visiting hours. Patients may define their family differently; therefore, 'family' refers to individuals with a continuing legal, genetic, and/or emotional relationship to the patient.

PNRHA Patient- and Family-Centred Care Advisory Committee

- PNRHA's first Patient- and Family-Centred Care Advisory Committee was developed in 2016-17. The PFCC Advisory Committee is comprised of six Patient and Family Advisors and six Prairie North staff members. The committee is also supported by two members of the Quality Improvement Program and an executive sponsor from the RHA's senior leadership team.



Spring 2017

Advisor in Prairie North Health Region shares her story

Putting Patients First

HQC Article - Cecilia Leibel

- Prairie North is particularly appreciative of the contributions of all Patient and Family Advisors. PFA Cecilia Leibel (right) and the PFCC Advisory Committee were profiled in the Saskatchewan Health Quality Council (HQC) Spring 2017 Patient and Family-Centred Care newsletter.

- An education video about Patient and Family-Centred Care is available and ready to be included in general staff orientation. (Find it on YouTube here: https://www.youtube.com/watch?v=jiRUbhQ9JwA&t=99s)

- Patient and Family Advisors were invited and took part in PNRHA strategic planning sessions held in February and March of 2017. A Patient and Family Advisor has not yet participated in the regional Continuous Safety Quality Improvement – Risk Management committee. Prairie North continues to work to understand how to best achieve this goal, particularly in light of the upcoming transition to a single provincial health authority.

Improvement Culture in Our Daily Work

"Quality health care means doing the right thing at the right time in the right way for the right person and having the best possible outcome." - *Agency for Healthcare Research and Quality*

To continually provide quality care, our system must continually improve. To support that goal, the Saskatchewan healthcare system has adopted a set of operating philosophies and methods that:

- Puts the patient, client, or resident first.
- Builds safety and quality into the process.
- Redesigns processes to eliminate harm – making it easy to do the right thing, every time.
- Improves teamwork and communication.
- Optimizes flow throughout the system – patients, providers, suppliers, information.
- Eliminates 'wastes' or lack of efficiencies in processes.

PNRHA 2016-17 Improvement Targets

- In 2016-17, Prairie North will support 36 staff members in completing Lean Improvement Leader Training (LILT) by June 31, 2017.
- By March 31, 2017, Prairie North will offer at least 10 Kaizen Basics sessions on demand.
- By March 31, 2017, process improvements will be made in Prairie North Health Region through eight formal Kaizen events such as RPIWs.

Key Actions & Results:

- LILT participation and attendance at Kaizen (Continuous Improvement) Basics sessions remains very strong, indicating a continued commitment to learning the tools of quality improvement.
    - As of March 2017, 46 participants were enrolled in LILT to be complete by June 31, 2017. A full slate of 46 participants is ready to begin the next session that starts in September 2017.
- 19 Kaizen Basics sessions were held in 2016-17, reaching more than 200 employees.
- Four Rapid Process Improvement Workshops (RPIWs) and seven mini improvement events were held in 2016-17, for a total of 11 formal Kaizen events. Additionally, five 5S events were held to improve the work environment. 5S is a set of concepts that help organizations ensure clean, organized workplaces. 5S stands for 'Sorting, Simplifying, Sweeping, Standardizing, and Self-Discipline'.

PNRHA Rapid Process Improvement Workshops 2016-17

RPIWs are five-day events focused on generating and testing improvement ideas immediately. Monthly audits are held to support continued improvement for at least six months following the event.

- **Meadow Lake Primary Health Care Clinic:** Optimized the role of the Medical Office Assistant in patient flow by clarifying roles and responsibilities, and enhancing communication methods and processes.
- **Lloydminster Continuing Care:** Reduced lead time for reporting incidents to the Quality Improvement Program by 95% and revised summary report feedback from quarterly reporting to bi-weekly. More timely identification of trends within the facility enables managers and nursing staff to collaborate and implement strategies to deal with incident trends and reduce future occurrences.
- **Home Care:** Streamlined the Falls Prevention assessment, thereby increasing the amount of time Home Care providers can spend educating clients about falls prevention at home.
- **River Heights Lodge:** Improved communication methods and processes to help eliminate incidences of Meals-on-Wheels clients receiving incorrect diets with potentially harmful consequences.

PNRHA Mini Improvement Events 2016-17

Mini Improvement Events are two or three-day improvement events with a smaller scope than an RPIW. Audits are still held post-event to ensure improvements are sustained.

- **Quality Improvement Program:** Improvements to the Client Occurrence Safety Report forms and processes in Prairie North Health Region promote accurate and timely reporting and improve the opportunity to address safety and quality of care for the patient.
- **Lloydminster Hospital Emergency Department:** Improved care and follow-up for patients with mental health and addictions concerns.
- **Transportation:** Standardized processes for car pool coordinators and staff vehicle renters, eliminating wastes of duplicated work, waiting, defects, and more.
- **Regional:** Standardized processes for ensuring employees use their earned vacation annually.
- **Regional:** Developed a daily demand forecasting tool to provide leaders with more data to support their decision-making.
- **Regional:** Developed tools to analyze and improve master staffing rotations to eliminate waste and ensure the right mix of skilled professionals are available to provide care and services.
- **Regional:** Created a consistent process for weekly, Region-wide reporting on gaps between paid and budgeted hours. Managers and directors can now access timely and clearly presented data to better manage human resource costs.

Focus and Finish:

Prairie North's Key Service Lines

Key service lines are areas where Prairie North focused quality improvement efforts in 2016-17.

These key service lines have:

1) Clear Kaizen plans with **specific improvement goals**;
2) Identified opportunities to **work together** to improve the patient's care and experience;
3) Designated quality improvement **support**; and
4) Monthly **regional reporting responsibilities** to track improvement progress.

Improvements in each of these service lines contribute to achieving the ***2016-17 provincial system priority target:***

By March 31, 2017, reduce provincial Emergency Department waits by 35% from 2013-14 waits.

Mental Health and Addictions

System Four-Year Outcome

Prairie North Regional Health Authority supports the provincial health system's four-year improvement outcome that by March 2019, there will be increased access to quality mental health and addiction services and reduced wait time for outpatient and psychiatry services.

System Improvement Targets

- **By March 31, 2017, meet triage benchmarks for outpatient mental health and addiction services 100% of the time and for contract and salaried psychiatrists 50% of the time.**

PNRHA 2016-17 Improvement Targets

- By March 31, 2017, in all Mental Health and Addictions (MH&A) program areas, PNRHA will implement the Partners for Change Outcome Management/Better Outcomes Now (PCOM/BON) system, an evidence-based method designed for increasing the quality and outcomes of care through real-time evaluation, clinical monitoring and supervision.
- By March 31, 2017, PNRHA will implement the Level of Care Utilization System (LOCUS) to appropriately service match the care and treatment required to best meet patient/client need.
- By March 31, 2017, PNRHA will develop, introduce, and expand innovative approaches to better meet patient needs, including group therapy options, shared care with primary health providers, internet-based cognitive behaviour therapy, and blended care (combined internet and one-to-one based therapy).
- By March 31, 2017, PNRHA will complete a review and needs assessment of detox services and residential addictions treatment services.

Key Actions & Results:

- Prairie North RHA achieved its targets of implementing both the PCOM/BON and LOCUS systems, allowing the Mental Health and Addictions program to improve its service delivery without additional resources.
    - All PNRHA Adult, and Child and Youth therapists and counsellors are trained, registered, and using PCOM/BON, supported by two 'train-the-trainers' and six staff members who are trained to provide data monitoring and reporting.
    - PNRHA is part of the provincial Phase 1 rollout of LOCUS and is a lead in the modernization of psychiatric rehabilitation services, matching individual service need to treatment and programming.

- Using evidence gathered through PCOM/BON and LOCUS to monitor and evaluate therapy and to service match client need has led to improved access, clinical efficacy, and expansion and realignment of services that includes evening programming, Emergency Department support and follow-up, and a geographical shift of resources to meet changing client need.

- Internet-based cognitive behaviour therapy has been introduced to PNRHA clients in partnership with the University of Regina. One therapist was trained in this program in 2016-17, and aggressive goals for furthering this evidence-based program have been set for 2017-18.

- Mental Health and Addictions and Primary Health Care worked together in 2016-17 to improve Stepped Care, ensuring patients are able to access mental health services in the location that works best for them, including with their primary health care teams in Meadow Lake and Lloydminster.

- Standard protocols for following up with mental health clients who present in the Battlefords Union Hospital and Lloydminster Hospital Emergency Departments after-hours have been implemented to ensure clients are supported throughout the health care system.

- Process and value stream mapping was done in four key areas of addictions services: detox, residential treatment, school outreach, and documentation standards. Opportunities for improvement were identified in each area and focus groups have been formed to continue improvement work in 2017-18.

Measurement Results:

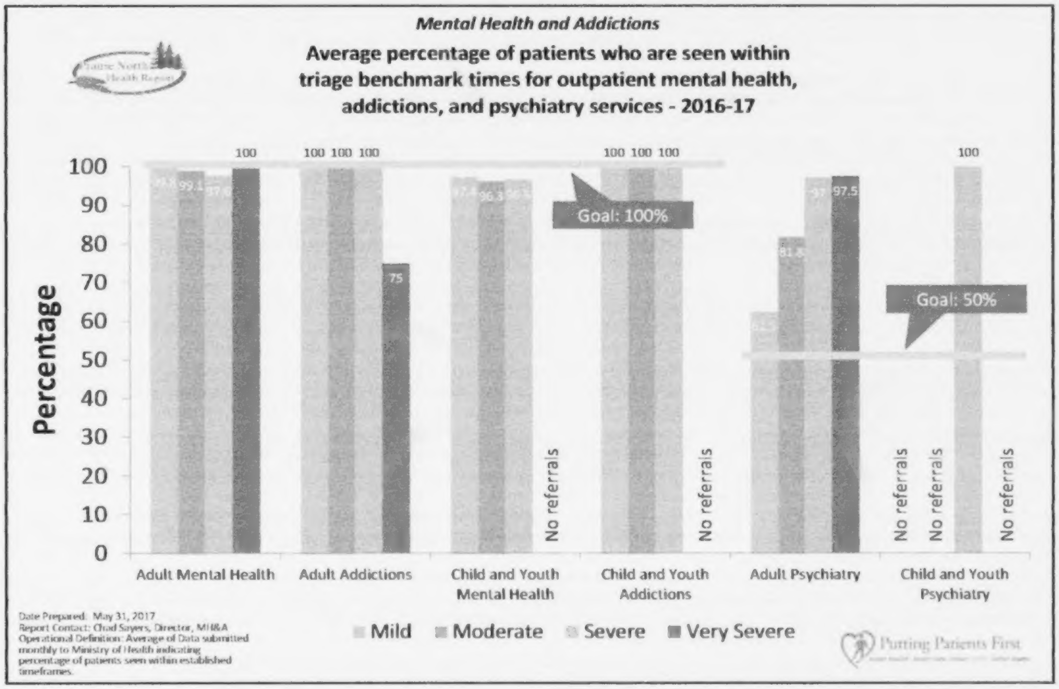
- The graph which follows (page 23) illustrates Prairie North's progress and success in meeting the provincial triage benchmarks for access to outpatient mental health and addictions services, and psychiatry services. The monthly data from April 2016 - March 2017 was averaged in order to present an annual picture of the results.

- PNRHA met and exceeded the 50% target for each of its Adult, and Child and Youth Psychiatry services, according to the triage assessments of Mild, Moderate, Severe, and Very Severe.
    - All patients who are referred or who self-refer for outpatient mental health and addictions treatment are triaged as having mild, moderate, severe or very severe symptoms. Patients are to be seen within the following timeframes (provincial benchmarks) appropriate to their needs:
        - Mild - Patients triaged as 'mild' are to be seen within 30 working days
        - Moderate - Patients triaged as 'moderate' are to be seen within 20 working days
        - Severe - Patients triaged as 'severe' are to be seen within five business days
        - Very Severe - Patients triaged as 'very severe' are to be seen within less than 24 hours

      Throughout the year, whenever the triage benchmark for delivering services was not met, the individual case was reviewed to understand the root cause of the delay and make adjustments as possible to ensure the patient's needs had ultimately been met.

- PNRHA made progress toward meeting the 100% target for Adult Mental Health, and Child and Youth Mental Health and Addictions services. As the graph (below) shows, adults assessed as very severe were seen within the target timeframe of 24 hours 100% of the time. Adults assessed as mild, moderate or severe were seen within their targeted timeframes just shy of 100% of the time.

- Adults, children, and youths requiring addictions services and triaged as mild, moderate or severe received service within targeted timeframes 100% of the time. No child or youth was assessed as very severely in need of addictions services, requiring to be seen within 24 hours. PNRHA did not achieve the 100% goal for adults assessed as very severe being seen within 24 hours. Due to low client numbers in this category, just one patient not being seen within the benchmark timeframe significantly impacts the outcome measure, resulting in the 75% score.


Mental Health and Addictions

Average percentage of patients who are seen within triage benchmark times for outpatient mental health, addictions, and psychiatry services - 2016-17

Date Prepared: May 31, 2017
Report Contact: Chad Sayers, Director, MH&A
Operational Definition: Average of Data submitted monthly to Ministry of Health indicating percentage of patients seen within established timeframes.

- The table below illustrates the actual number of months in 2016-17 when PNRHA met its triage benchmark targets. Of note, though not visible in the table, in March 2017, Prairie North provided services within appropriate triage times to 100% of its clients in all areas, demonstrating continued improvement throughout the year and a commitment to providing each and every client with the right care at the right time.

	Mild (30 working days)	**Moderate (20 working days)**	**Severe (5 working days)**	**Very Severe (less than 24 hours)**
Target: 100%				
Adult Mental Health	11	10	10	12
Adult Addictions	12	12	12	10
Child and Youth Mental Health	9	8	11	No referrals
Child and Youth Addictions	12	12	12	No referrals
Target: 50%				
Adult Psychiatry	8	11	12	12
Child and Youth Psychiatry	No referrals	No referrals	12	No referrals

Saskatchewan Hospital

Prairie North Regional Health Authority operates Saskatchewan Hospital on behalf of the Ministry of Health to serve patients from across the province who need longer-term psychiatric rehabilitation and whose needs cannot be met in local inpatient mental health facilities.

SHNB, as it is commonly known in reference to 'Saskatchewan Hospital North Battleford', currently functions with 156 beds including a 24-bed Forensic Unit which is home to the province's Forensic program. Individuals with complex needs are also cared for at Saskatchewan Hospital.

Key Actions & Results:

- The Province of Saskatchewan and Prairie North Regional Health Authority continue to make progress on the four-year system outcome of increasing access to quality mental health services, with construction of a new Saskatchewan Hospital North Battleford to replace the existing 103-year-old facility.

  The new 284-bed SHNB provincial psychiatric facility will have 188 beds replacing the current 156-bed rehabilitation hospital, and a 96-room secure unit for male and female offenders living with mental health issues. This is an innovative approach for delivering mental health care and supports to people with significant psychiatric rehabilitation needs.

    - Significant progress has been made throughout 2016-17 on construction of the new $222 million facility. Construction started in September 2015. By the end of April 2017, construction was 60% complete. *(See pages 46-48 of this report for further information.)*
    - SHNB staff members have been extensively involved over the past year with Ministry of Health and Ministry of Justice, Corrections and Policing officials in development of plans and models for patient programming and staffing.
    - The focus of ongoing planning for the new facility shifted in December 2016 to preparations for transition to the new facility, targeted for Fall 2018. Key streams were established and are working to ensure that all aspects of the transition to the new facility will be addressed. This work will continue until the move-in is complete, and beyond. The work includes development of policies, procedures, and organizational structures; compliances with legal and legislative requirements; staffing requirements, training and orientation, and labour relations requirements; support services delivery, and many other elements that must be established before the facility opens its doors.

- Improvement work continued at the existing SHNB over the past year toward enhancing patient care and safety at the current hospital, and for the new hospital. Value stream maps were completed to identify Patient Flow, Clinical Flow, and Provider Flow for both the current state and future state.

- Strategic planning with the SHNB Leadership is focusing on reviewing and modifying existing Rehabilitation programs and creating new programs. Pharmacy services have been enhanced to provide improved education, information and services for patients.

- Repair and restoration of SHNB's Camp Cosmo location at Jackfish Lake in Battlefords Provincial Park was done during the spring and summer of 2016. On January 2, 2016, the Camp was extensively vandalized and damaged by a fire that was determined to be deliberately set. Camp Cosmo is now fully functional again in time for the 2017 summer season and patients are eagerly anticipating returning. Camp Cosmo is a place of revitalization for SHNB patients who get to experience a summer camp through the program delivered by SHNB employees.

Measurement Results:

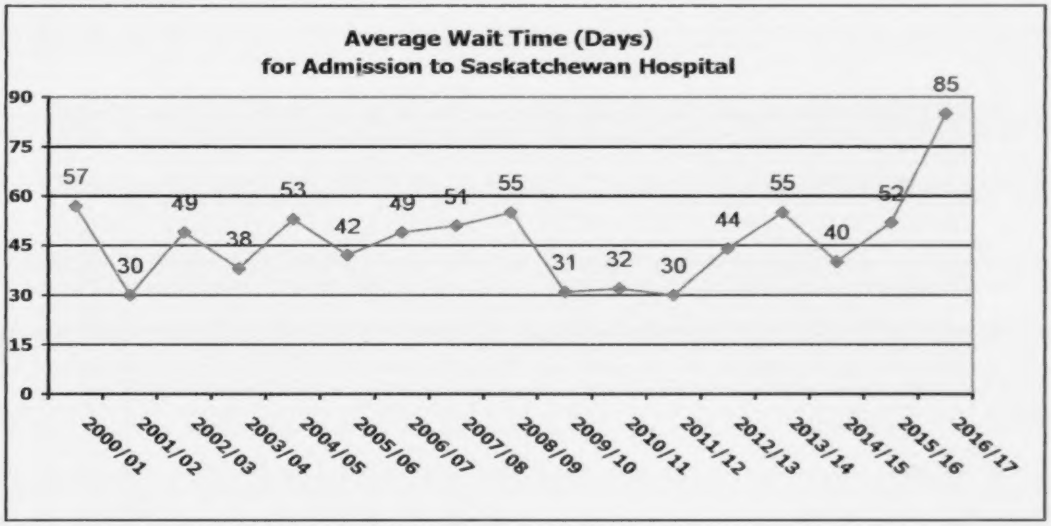
- In 2016-17, 226 patients were admitted to SHNB, 198 (87.6%) of whom were to the Forensic Unit. The total number of patient admissions was 25.8% higher than the 175 in 2015-16, and the highest number of admissions to SHNB in the past decade.

- The average wait time for admission of the 28 non-Forensic patients to SHNB in 2016-17 was 85 days, a sharp increase from the 52-day wait for admission in 2015-16. The longer wait time was due primarily to nearly double the number of patients (20) admitted to SHNB in 2015-16 under Long-Term Detention Orders (LTDOs). The average length of LTDOs is one year, reducing SHNB's ability to discharge these patients in 2016-17 and increasing wait times for new admittances.

  Fewer admittances under LTDOs (seven) were made in 2016-17, improving SHNB's ability to discharge patients and improving patient flow in the year ahead. As always, SHNB's ability to discharge patients depends on each patient's progress toward improved mental health, and the ability to discharge clients back to their home communities.

- Improvement in reducing the length of stay for patients with severe and complex mental health issues is contingent on development of appropriate resources in communities throughout the province, to where the clients can go.

- Individuals are admitted to the Forensic Unit by order of the Justice system and wait times for admission to Forensics are minimal.



Emergency Department Waits and Patient Flow

System Four-Year Outcome

Prairie North Regional Health Authority supports the provincial health system's four-year improvement outcome that by March 31, 2019, there will be a 60% reduction in Emergency Department (ED) wait times.

System Improvement Targets

- **By March 31, 2017, 100% of all Medical/Surgical Units will have interdisciplinary rounds in place (tertiary and regional hospitals).**
- **By March 31, 2017, alternate level of care (ALC) data will be captured in 100% of medical and surgical units across Saskatchewan.**

PNRHA 2016-17 Improvement Targets

- By March 31, 2017, PNRHA will have interdisciplinary rounds in place in 100% of Prairie North's medical and surgical units.
- By March 31, 2017, PNRHA will capture alternate level of care data in 100% of the five acute care facilities in the Region.
- By March 31, 2017, PNRHA will have 80% of specialist consults within the Emergency Department begun within two hours of referral.
- By March 31, 2017, PNRHA will have a process by which 80% of identified Home Care clients presenting in the Emergency Department will have interventions from Home Care staff in the ED to assist with managing care needs outside of the hospital. (*In collaboration with the Seniors Care service line.*)

Key Actions and Results:

- Teams in Lloydminster Hospital, Battlefords Union Hospital, and Meadow Lake Hospital worked diligently throughout 2016-17 to educate, trial, and fully implement regular interdisciplinary, physician-attended bedside rounds in each facility's medical and surgical units. These rounds are now occurring regularly and physician attendance is from 85% to 100%.

  Interdisciplinary rounds are an approach that is widely recognized as a best practice in delivering patient- and family-centred care. These huddles take place at the patient bedside and involve all members of the patient's care team including the physician. This allows discussion of new care issues and ensures decisions are based on a complete understanding of all aspects of a patient's care. It is critical that everyone on the care team, including patients and their family, have the information they need to play their part.

  Evidence shows that interdisciplinary rounds have many benefits, including decreased patient length of stay, increased patient safety, and improved patient care, teamwork and staff satisfaction. Many different health professionals contribute to a single patient's care.

  Feedback from PNRHA patients, interdisciplinary staff (pharmacy, physiotherapy, occupational therapy, dietary, home care), nurses and physicians has been overwhelmingly positive. All speak to knowing the patient from an enhanced assessment, lending depth to the care planning process. This assists the patient in achieving the goals of care and readiness for discharge.

- Alternate level of care data is being collected in all five acute care facilities in Prairie North Health Region: Battlefords Union Hospital, Lloydminster Hospital, Meadow Lake Hospital, Maidstone Health Complex, and Riverside Health Complex in Turtleford. Staff were educated about why ALC information needs to be collected in a consistent way not only across PNHR, but across the province. ALC data is now available through a provincial electronic dashboard to support decision-making and patient flow analysis.

  'Alternate level of care' is the term used to describe patients who have completed the acute care (hospital) phase of their treatment, but who are still in hospital waiting to be transferred to another type of care. This is one of the factors contributing to long waits in the Emergency Department, as patients remain in acute care hospital beds even after the patients no longer require this intensity of care. This often increases the risk to the patient of iatrogenic (caused by medical examination or treatment) illness or disability.

  The health system has not had a clear picture of how many ALC patients are in the system, nor does it know which ALC patients need what types of care. Representatives from different parts of the health system have developed a standard ALC definition and are in the process of collecting data on ALC patients.

  Having accurate information about the ALC population will identify opportunities to improve how to ensure these patients can receive the care they need in the right place, at the right time, from the right team, all the way through to their recovery.

- While Prairie North RHA did not meet its aggressive goal of having 80% of specialist consults within the Emergency Department begin within two hours of referral, specific improvement work looking at the psychiatry referral process within Lloydminster Hospital was done as a result of setting that target at the beginning of the year. This will serve as a model for future work in this area over the coming years.

- Much time was dedicated to understanding when, how, and why Home Care clients present at EDs, with the goal of intervening with appropriate care at home before conditions escalate to the point of needing an emergency department visit. PNRHA collected data, a process that was manual and time-intensive, but that yielded valuable information. By the end of 2016-17, a computer system upgrade has meant Home Care clients presenting to EDs are now identified on the documentation the client presents to the Emergency Department for care. This is an enhancement to the data collection process.

  Data analysis revealed that clients will present to the ED without contacting their Home Care assessor or the HC personnel on call after hours. Many opportunities exist to manage care prior to attending emergency departments, such as facilitating appointments with nurse practitioners or primary care physicians. With enhanced cross functional planning, these opportunities will become Work Standards for HC staff. Currently, on admission to the Home Care program, all HC clients are assessed for triggers that would cause attendance at ED for non-urgent issues. *(See pages 33-36, Seniors Care Service Line)*

Measurement Results:

Interdisciplinary Rounds

- Prairie North RHA achieved its goal of having interdisciplinary rounds - also commonly referred to as interdisciplinary bedside rounds (IDBR) - in place in 100% of its medical and surgical units. These units are located at Battlefords Union, Lloydminster, and Meadow Lake Hospitals. IDBRs were implemented first on the Medical Units between June and December 2016, followed by implementation on the Surgical Units December 2016 through March 2017.
- A provincial self-assessment tool *(page 28)* was used to measure progress in implementing IDBR in each facility and unit. The tool sets out progressively higher scores for the level to which IDBR is implemented, to a maximum score of 20 for each unit. The provincial goal was to achieve a score of 16; PNRHA set a goal of 18.

- Prairie North RHA did not fully achieve its goal of a self-assessment tool score of 18 on each Medical and Surgical unit. Continual improvement was achieved through the measurement periods, as evidenced in the chart below. The chart also shows that physician engagement in IDBR in the six units improved through the measurement periods.

  PNRHA will continue to work in 2017-18 to ensure that IDBRs are a consistent piece of the care delivered in the three acute care sites.

Interdisciplinary rounds assessment tool

	Self-Assessment Tool Score				Percentage of Physicians Consistently Engaged in IDBR			
Medical Units	*Goal - 18*				*Goal – 100%*			
	June 2016	Oct 2016	Nov 2016	Dec 2016	June 2016	Oct 2016	Nov 2016	Dec 2016
Battlefords Union Hospital	16.5	17	17	17	69%	88%	90%	90%
Lloydminster Hospital	13	18	18	18	0%	100%	95%	95%
Meadow Lake Hospital	15	17	17	17	100%	100%	100%	100%
Surgical Units	*Goal - 18*				*Goal – 100%*			
	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Dec 2016	Jan 2017	Feb 2017	Mar 2017
Battlefords Union Hospital	4	15	15	17	40%	40%	50%	90%
Lloydminster Hospital	8	18	19	19	50%	95%	95%	95%
Meadow Lake Hospital	8	18	18	18	100%	100%	100%	100%

Primary Health Care

System Four-Year Outcome

Prairie North Regional Health Authority supports the provincial health system's four-year improvement outcome that by 2017, people living with chronic conditions will experience better health as indicated by a 10% decrease in hospital utilization related to six common chronic conditions (diabetes (DM), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), congestive heart failure (HF), depression, and asthma).

System Improvement Targets

- **By March 31, 2017, there will be a 50% improvement in the number of people who say "I can access my Primary Health Care (PHC) Team for care on my day of choice either in person, on the phone, or via other technology".**
- **By March 31, 2017, 45% of patients with four common chronic conditions (DM, CAD, COPD, and HF) are receiving best practice care as evidenced by completion of provincial templates available through approved electronic medical records (EMRs) and the electronic health record (eHR) viewer.**

PNRHA 2016-17 Improvement Targets

- By March 31, 2017, PNRHA will have 45% of PHC patients with diabetes receiving best practice care as evidenced by the completion of the provincial flow sheets available through the approved EMR and eHR viewer.
- By March 31, 2017, PNRHA will see:
    - a 20% reduction in the "Third Next Available Appointment' measurement;
    - 50% of the main PHC sites offering after-hour appointments;
    - the total number of PHC appointments available increase by 10%.
- By March 31, 2017, PNRHA will see a 20% increase in the number of LiveWell participants in the Region.

Key Actions & Results:

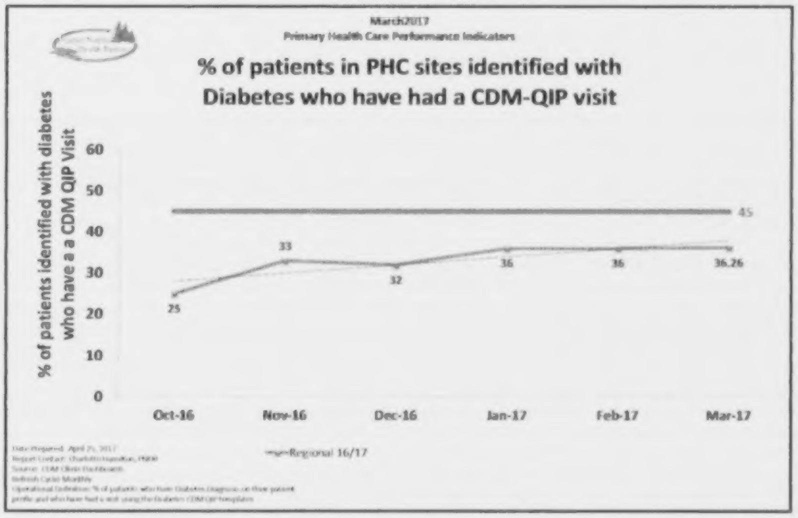
- Focus was placed on providing the ongoing training required to support clinicians in using the electronic tools available through the provincial Chronic Disease Management – Quality Improvement Program (CDM-QIP). Resources were also dedicated to ensuring patient electronic files were up-to-date and properly maintained to ensure valid data could be pulled for quality improvement purposes.
- Primary health clinic hours have been extended in two more locations in PNHR: at the North Battleford Medical Clinic in Prairie North Health Centre North Battleford, and at the Twin City Medical Clinic/Walk-In Clinic in North Battleford. The North Battleford Medical Clinic added late afternoon/early evening hours Mondays through Fridays, and the Twin City clinic added Sunday hours to its walk-in services. These expanded hours increased patient access to PHC physicians and positively impacted PNRHA's success toward meeting its targets of more available appointments, sooner, and after hours. Team work within PHC teams has been an essential component of these successful changes.
- In partnership with Battlefords Family Health Centre and Battle River Treaty 6 (BRT6) Health Services, Prairie North RHA enhanced and expanded services to patients recovering from opioid addiction. The goal of the collaborative Opioid Addiction Recovery Services (OARS) program is to provide local access for patients to a case-managed approach in working on their recovery, through methadone and suboxone drug therapy. The team approach is invaluable in providing support to encourage a positive lifestyle. The OARS program is now providing service to 45 clients, with additional patients on a wait list. The partners will continue to monitor the program and the need for additional patient services.
- Also in partnership with BRT6 Health Services, the Battlefords Sexual Health Clinic and the Ministry of Health, PNRHA launched the Take-Home Naloxone (THN) Program in North Battleford. THN kits are available free of charge to individuals at risk of an opioid overdose. The kits are available at the Sexual Health Clinic, along with necessary training and education on their use. The program is part of the province's expanding THN program to help individuals be prepared and proactive in preventing deaths from opioid overdose.

Take-Home Naloxone Kit

- PNRHA focused as well on improving service for patients with human immunodeficiency virus (HIV) and hepatitis C (Hep C). Implementation of an integrated team approach to provide care for HIV and Hep C patients improved patient access to the service, along with necessary care and treatment.
- The LiveWell program continues to be offered throughout the Region, helping people gain confidence in their ability to self-manage their chronic diseases in a peer-led setting. In 2016-17, the Chronic Disease Management (CDM) team offered both the LiveWell with Chronic Conditions and the LiveWell with Chronic Pain programs.

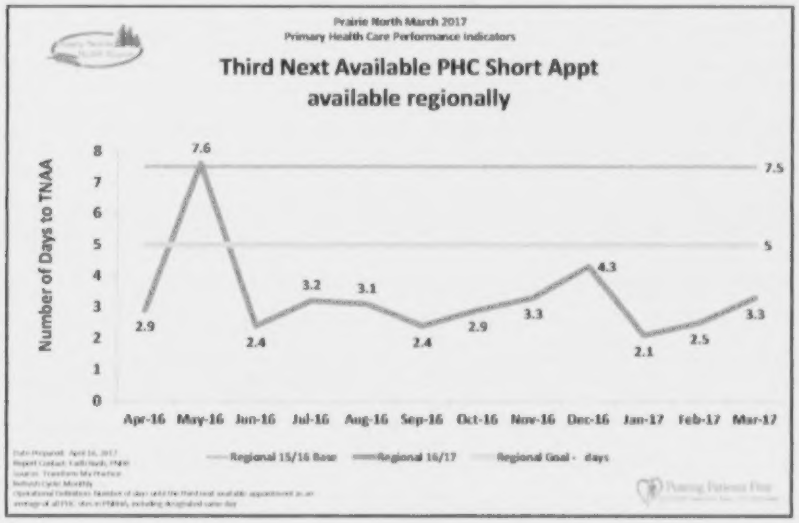
Measurement Results:

Chronic Disease Management



- As of March 2017, 36% of primary health patients in PNHR, identified as having diabetes, had received care guided by the provincial CDM-QIP templates. This fell short of Prairie North's goal of 45%. However, with 100% of PNRHA's PHC physicians and nurse practitioners now registered and using the templates, the RHA expects to quickly move closer to achieving and even surpassing the 45% goal in the coming year, particularly given the focus on educating and supporting clinicians in using the tool.

Third Next Available Appointment



- Wait time to the third next available appointment is a recognized standard for measuring patient access to primary health care. As the graph (right) shows, Prairie North surpassed its goal of a 20% reduction in the number of days patients had to wait for the third next available short appointment with a PHC provider.

  The goal for the year was an average of no more than five days. In all but May of 2016, patients could get in to see a PHC provider in 4.3 days or less.

  The average wait for a patient throughout 2016-17 was 3.3 days for the third next available PHC short appointment, 34% lower than goal and 56% lower than the 2015-16 average of 7.5 days.

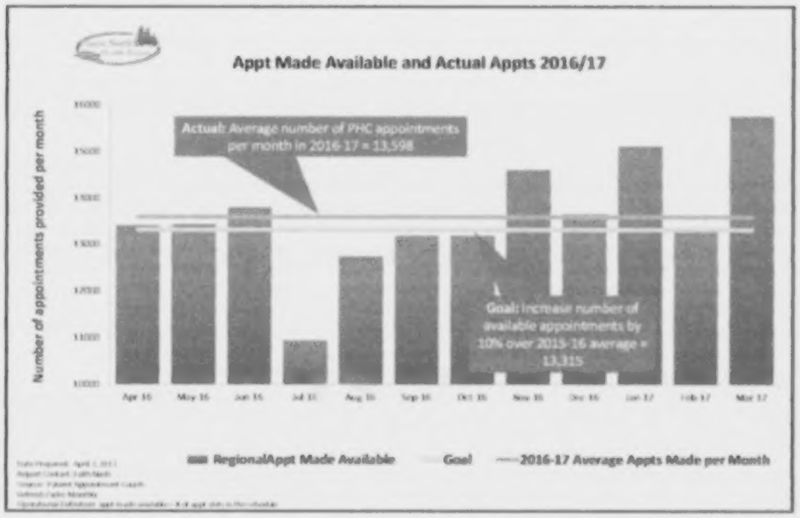
After-Hour PHC Appointments

- Addition of after-hours services at two North Battleford clinics in the past year brings to 57% of PNRHA's main PHC clinics offering patient care in the evenings and/or on weekends. Four of the seven PHC clinics now offer extended services. The first Prairie North sites to do so were the Maidstone PHC/Medical Clinic and the Prairie North Health Centre in Lloydminster. This reaches and exceeds Prairie North's goal of 50% by the end of the operating year.

Available PHC Appointments

- Prairie North Regional Health Authority also met its goal of increasing the total number of PHC appointments by 10%.

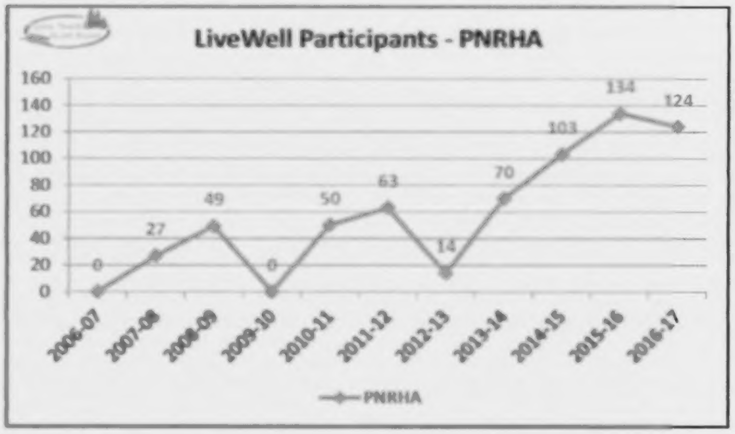
  The target was a total average of 13,315 appointments available across all seven PHC sites combined. Prairie North exceeded that average number per month by 283 appointments. The results are shown in the graph (right).



PNRHA Primary Health Care Patient Experience Surveys

Patient experience surveys are conducted four times a year in each Prairie North PHC site. The following results are a regional average from the four 2016-17 surveys:

- **78%** of patients indicated they saw the provider they wanted.
- **92%** of patients indicated they were able to receive their appointment on their day of choice.
- The average rating of the individual clinic was **8.9/10**.
- Average rating of the patient care experience was **9/10**.
- **67%** is the proportion of patients reporting they were very confident in managing their own health care.
- **82%** of patients reported the caregiver spent enough time with them.
- **83%** of patients reported that the care provider explained things in a way that was easy to understand.
- **86%** of patients felt the provider listens and respects them as a partner in care.
- **84%** of patients felt care providers involved them (the patients) in decisions about their care as much as they (the patients) wanted.
- **78%** of patients were satisfied with the time they waited at their appointment.
- **71%** of patients said their provider seemed up to date with health information.



- Prairie North RHA did not meet its goal of a 20% increase in the number of LiveWell program participants by the end of March 2017. Rather, the total number of participants registered in LiveWell programs in PNHR decreased by 7.5% in 2016-17, to 124 participants from 134 in 2015-16.

  However, as the graph (right) shows, the program's popularity has grown substantially since 2012-13.

- While the number of people registered did not grow this past year, the completion rate improved. A total of 83 people completed the LiveWell programs in 2016-17, up slightly from the 80 people who completed the programs the year prior. The completion percentage rate also improved, from 60% of clients in 2015-16 to 67% of clients in 2016-17.

  PNRHA will continue monitoring participation in the program in the year ahead.

PNRHA Participant Feedback - LiveWell Programs

Feedback from participants indicates LiveWell with Chronic Conditions (LWCC) and LiveWell with Chronic Pain (LWCP) are very well received and achieve positive results for clients:

- "Thank you for providing this service. It has given me more tools to use to help get my diabetes under better control. It has helped me to realize that I have depression and I do need help."
- "Fantastic, has changed my life from despair to joy, doubt to confidence, and most of all hope."
- "This program has changed my way of dealing with the pain I have and the facilitators were fantastic with delivering the teaching."
- "The girls that taught us this program brought me from feeling hopeless to a new me with tools to handle my chronic pain. Thank you very much".

Seniors Care

System Four-Year Outcome

Prairie North Regional Health Authority supports the provincial health system's four-year improvement outcome that by March 31, 2020, seniors can access supports to remain at home, allowing them to progress into other care options as needs change.

System Improvement Targets

- **By March 31, 2017, 100% of Saskatchewan long-term care facilities meet the benchmark targets established for the seven quality indicators: daily physical restraints; antipsychotics without a diagnosis of psychosis; fell in the last 30 days; pain worsened; stage 2-4 pressure ulcer worsened; newly occurring stage 2-4 pressure ulcer; bladder continence worsened.**
- **By March 31, 2017, the percentage of clients with a Method of Assigning Priority Levels (MAPLe) score of three to five living in the community supported by home care will increase to 80%.**
- **By March 31, 2017, 100% of long-term care staff are trained on all modules of the Program Guidelines for Special-care Homes.**
- **By March 31, 2017, finalize long-term care resident and family experience survey and begin implementation to establish baseline.**
- **By March 31, 2017, 67% of long-term care facilities will have implemented Purposeful Rounding.**

PNRHA 2016-17 Improvement Targets

- By March 31, 2017, PNRHA will meet the benchmark targets established for the seven quality indicators in all long-term care facilities.
- By March 31, 2017, PNRHA will ensure 100% of Care Plans for Home Care clients reflect potential triggers for using the Emergency Department and preventative measures.
- By March 31, 2017, PNRHA will offer the Home Support Exercise Program or alternate exercise program to 100% of Home Care clients, and have more than 75% of clients participate.
- By March 31, 2017, PNRHA will have 100% availability of occupancy of short-term care beds in long-term care facilities.
- By March 31, 2017, PNRHA will implement Purposeful Rounding in all long-term care facilities.
- By March 31, 2017, PNRHA will have 100% of long-term care staff trained and able to demonstrate understanding on all modules of the Program Guidelines for Special-care Homes.

Key Actions and Results:

- A key focus of work in 2016-17 has been on spreading improvements throughout the RHA's LTC facilities and Home Care programs. Purposeful rounding, the LTC Welcome process, the Home Support Exercise Program (HSEP), and improved processes in support of fall and injury prevention at home are initiatives that started in one area and have been replicated throughout the Region.
- PNRHA continued to focus on meeting and exceeding the benchmark targets established for the seven LTC quality indicators. This work will continue in the year ahead in conjunction with implementation of standardized, comprehensive, and holistic long-term care plans which are individualized to each resident's needs. These care plans include all relevant resident needs in one place for quick reference, including the quality indicators as they are relevant to the client.

- In working toward the goal of ensuring all Home Care client care plans reflect potential triggers for using the Emergency Department and that appropriate preventative measures are in place, staff spent time ensuring Home Care clients presenting at the ED were identified as such, and gathering information about when and why those clients went to the ED. This initial identification of clients was manual and therefore labour intensive. With the National Ambulatory Care Reporting System changes to data collection and reporting, electronic identification of Home Care clients presenting to EDs is available.

  As noted under the ED Waits and Patient Flow Service Line *(page 27, third bullet)*, the analysis done by PNRHA revealed a number of opportunities to provide system supports in the community. This cross functional planning will be blended under the umbrella of the Patient Flow Service Line in 2017-18. This will enhance patient- and family-centred planning on the patient's health journey through the often complex health system.

- The Home Support Exercise Program used in Prairie North Health Region was developed by the Canadian Centre for Activity and Aging to help clients at risk of functional decline improve and maintain their mobility, flexibility, and strength. The goal is to keep clients living safely in their own home longer. Over the past year, the Home Care program that serves the Battlefords and Meadow Lake and areas extended the HSEP to many more Home Care clients. HSEP is now offered to 100% of these clients on admission to Home Care, during regular reviews, on discharge from hospital, and on an as-needed basis.

  The PNRHA Home Care program in Lloydminster that also serves clients in Lashburn and Maidstone relies on community partner facilities and organizations to offer and deliver home exercise programs. When HSEP was introduced in Lloydminster several years ago, community partners accepted the invitation to learn and incorporate HSEP into their own exercise programs. The approach has proven highly successful for HC clients in local facilities and seniors housing.

  HSEP is offered to all clients as part of the Falls Prevention initiative and is monitored through falls risk audits. The regional HC Adult Day Programs offer the exercise program to their clients on a daily basis.

  Over 70% of PNRHA Home Care clients are involved in exercise programs that achieve health benefits. Clients and families report positive outcomes such as enhanced well-being, increased mental alertness, and improved muscle strength.

- Eligibility criteria for use of the six short-term stay beds at Battlefords District Care Centre was improved to enhance patient flow from Battlefords Union Hospital and other acute care sites.

- PNRHA LTC facilities were part of a provincial resident experience survey in 2016-17. A total of 227 PNRHA LTC residents were each asked a series of 40 questions in the categories of experience, communication, care provision, food and mealtime experience, home environment and services, activities experience, and general satisfaction.

  The responses will assist PNRHA in better understanding resident needs and perspectives, and can be used to focus further improvement work.

LTC Resident Experience Survey - PNRHA Highlights:

- **84%** of respondents agreed that 'overall, this is a good place to live.'
- **84%** agreed that staff 'treat me with respect.'
- **77%** agreed that staff 'respect my cultural and spiritual values.'
- **74%** agreed with the statement 'I feel listened to.'
- **67%** agreed that they are 'involved in decisions about my care.'
- **65%** agreed 'communication about changes in my care needs is timely.'
- **76%** agreed 'care team members are available when I need them.'
- **78%** agreed that 'the overall quality of the food and drinks is good.'
- **98%** agreed 'the home is kept clean.'
- **90%** agreed 'I can choose whether or not to participate in activities.'

Measurement Results:

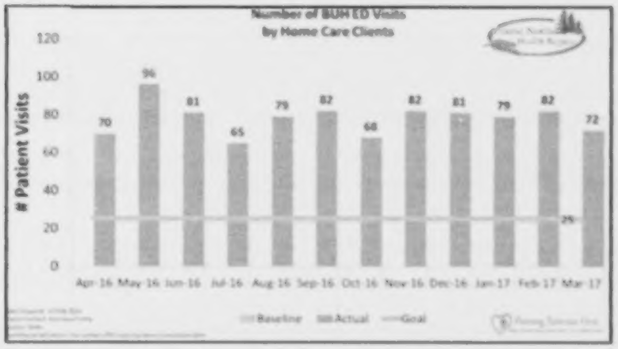
Home Care Client ED Usage

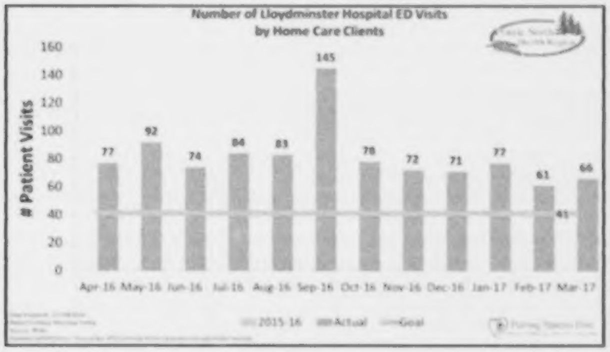
- Gathering reliable baseline data about how often Home Care clients visited Emergency Departments in PNHR was a focus in 2016-17. While the RHA has not yet achieved the target of ensuring that 100% of care plans for Home Care clients reflect potential triggers for using EDs and include preventative measures, improving how this data is collected is a crucial foundation for continued improvement work.

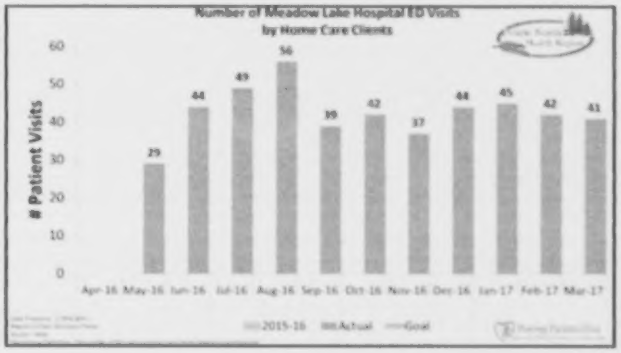
  The data collected, as illustrated in the graphs below, shows an average of 78 visits by HC clients to the Battlefords Union Hospital ED each month; 82 visits to the Lloydminster Hospital ED each month; and 43 visits on average by Home Care clients to the Meadow Lake Hospital ED each month.

  Analysis of the data has set the context for PNRHA's direction in the year ahead that will address patient flow to prevent gaps in planning for the patient between the community and acute care sectors, a priority for 2017-18.

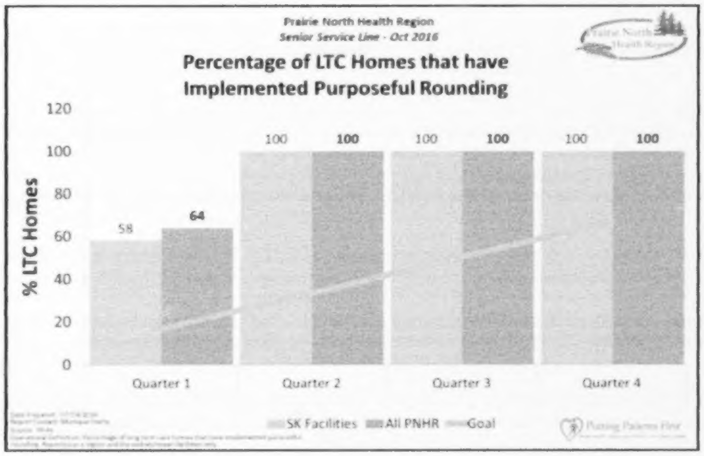
  Cross functional analysis and planning around ED visits by Home Care clients is underway. Home Care and ED managers are identifying work standards for areas such as Palliative Care. The aim is to provide community response to prevent the necessity for Palliative Care clients to go to Emergency Departments to have their needs met.







Purposeful Rounding



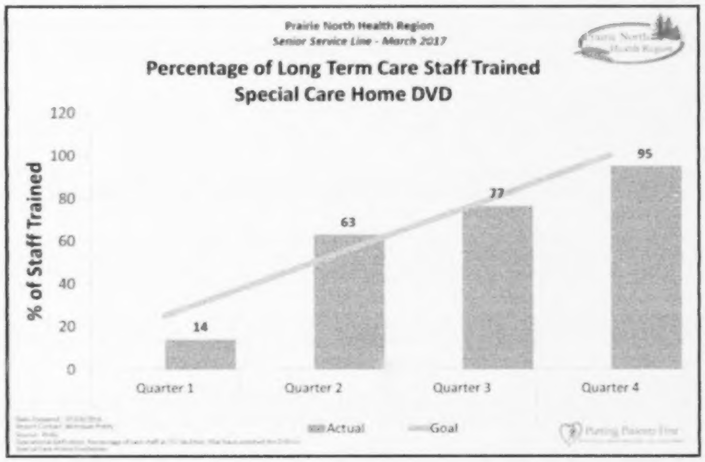
- PNRHA achieved its goal of implementing Purposeful Rounding in all of its long-term care facilities.

  As the graph (right) shows, the goal was reached well before the target date of March 31, 2017. Purposeful Rounding was in place in all Prairie North LTC facilities six months ahead of schedule, by the end of the second quarter of the operating year (September 30, 2016) and is being successfully sustained.

  Purposeful Rounding is the practice of intentional regular contact with residents according to their assessed needs. This may be hourly or by mutual agreement on frequency with the resident and family. The contact ensures that priority needs are met and standard measures are in place for safety and fall precautions, call bells within reach, pain management, positioning for comfort, available fluids, and toileting needs. Purposeful Rounding is a consistent process for proactively addressing resident needs, improving staff workflow and satisfaction, and supporting resident-centred care.

Program Guidelines for Special-care Homes

- Prairie North undertook a process to ensure all 123 Government of Saskatchewan Program Guidelines for Special-care Homes were reflected in the regional policies and that staff were well-educated on all of them.



  The RHA fell just shy of its goal of having all LTC staff trained and able to demonstrate understanding on all modules of the Program Guidelines for Special-care Homes. An instructional DVD was viewed by 95% of staff by the end of March 2017 (graph right).

  A plan is in place to meet the target of 100% of staff educated via the DVD, early in 2017-18. Education will continue until 100% of staff demonstrate understanding of the Guidelines.

Focus and Finish:

Prairie North Regional Improvement Projects (Hoshins)

Improving Regional Financial Reporting and Management of Paid Hours

System Four-Year Outcome

Prairie North Regional Health Authority supports the provincial health system's four-year improvement outcome that ongoing, as part of a multi-year budget strategy, the health system will bend the cost curve by achieving a balanced or surplus budget.

System Improvement Targets

- **All health system partner organizations will be in a balanced or surplus year-end financial position in 2016-17.**

PNRHA Improvement Project Target

- Establish accountability for resource management by having standard work for communicating, assessing, and managing budget performance at every level in the organization.

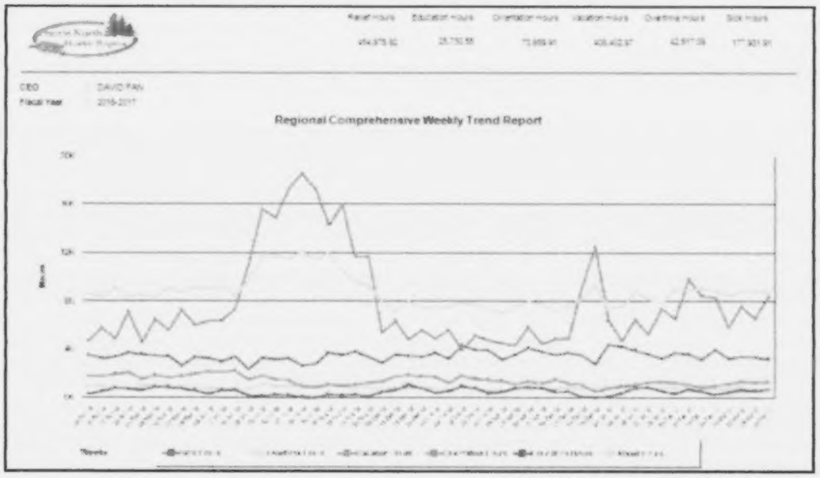
Key Actions & Results:

- The Financial Sustainability Hoshin focused on improving financial reporting for frontline managers and providing tools to better manage paid hours. In previous years, Prairie North managers lacked the tools and timely information to proactively manage budgets in cooperation with their colleagues. It was identified that cost drivers were inconsistently managed at various levels within the organization, and it was difficult to share issues and challenges around finances in a constructive way. Financial information was shared on a monthly basis, up to one month behind, making it difficult to make adjustments or corrections to spending.
- To make improvements in this area, Prairie North learned from work done in Saskatoon Health Region. Four areas were identified for focused improvement work:
    - Financial dashboards – improving the availability of timely, accurate financial information around paid hours and other payroll data
    - Daily demand – developing a tool to help understand the service demands in each unit in order to properly prepare and adjust for changing demand
    - Vacation management – load-leveling granted vacation throughout the year to avoid, or plan appropriately for, peaks and valleys in staffing demands
    - Master rotations – reviewing the master rotations to ensure planned staffing makes the best use of resources to safely meet patient needs
- Teams were assembled to tackle each of the four areas, using continuous improvement tools and processes.

Measurement Results:

Financial Dashboards

- Prairie North's Information Technology (IT), Finance, and Payroll teams worked together to develop an electronic dashboard showing paid hours information updated weekly, down to each individual manager's portfolio. This tool provides invaluable information for managing costs related to human resources.
- The tool includes data on paid hours, vacation hours, orientation hours, overtime hours, sick hours, education hours, and relief hours.
- Key to the success of this tool was implementation of weekly portfolio huddles that provided managers, directors, and senior leaders with a consistent structure for reviewing, discussing, and making corrections or adjustments based on the data.
- This information was also presented monthly at the regional wall walk, with senior leaders describing what was learned through the data and what corrective action was taken to adjust for overages. This allowed leaders to learn from other portfolios as well.
- Managers were surveyed four times in the six months following implementation of the dashboard to measure their use of the tool. Of those who replied to the final survey conducted in May 2017, 90% said they accessed the dashboard three or more times in the month of April, and 34% said they attended three or four weekly huddles.



SAMPLE - Financial Dashboard Report

Vacation Management, Daily Demand, and Master Rotations

- Three-day improvement events were held in each of these areas to understand current state and develop tools and standard work to help leaders consistently and optimally manage human resources.
- The regional approach to managing vacation was improved with implementation of tools that allow managers to better load-level vacation through the year. This helps ensure the right providers are available to deliver care within our facilities while supporting staff to take their earned vacation.
- Tools to measure and report on daily demand for services were developed and trialed in Lloydminster and Meadow Lake Hospitals. The approach is being rolled out to other sites in Prairie North.
- Approaches to create optimal master rotations for staff scheduling were initiated in a number of larger PNRHA departments, and are now being applied across the Region.
- Focus has now turned to educating and training managers on how to use these tools together and in a standard way across the Region. Team training workshops were scheduled for Spring 2017. Metrics for measuring implementation and outcomes will be established and monitored in 2017-18.

Appropriateness of Care - Transfusion Medicine

System Four-Year Outcome

Prairie North Regional Health Authority supports the provincial health system's four-year improvement outcome that by March 31, 2018, 80% of clinicians in at least three selected clinical areas within two or more service lines will be utilizing agreed upon best practices.

System Improvement Targets

- **By March 31, 2017, there will be two or more clinical areas that have deployed care standards at a provincial level.**

PNRHA Improvement Project Target

- By October 31, 2016, develop regional education and accountability processes for ensuring 100% adoption of four of the Canadian Society of Transfusion Medicine's Choosing Wisely Canada recommendations.

Key Actions & Results:

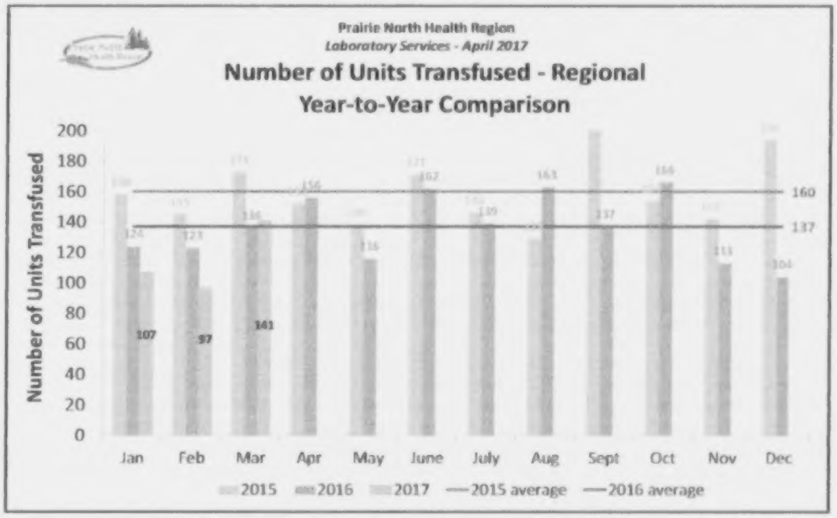
- Four recommendations were identified as most applicable to Prairie North RHA:
    - Don't transfuse more than one red cell unit at a time when transfusion is required in stable, non-bleeding patients.
    - Don't transfuse plasma to correct mildly elevated international normalize ratio (INR) or activated partial thromboplastin time (aPTT) before a procedure.
    - Don't routinely use plasma or prothrombin complex concentrates for non-emergent reversal of vitamin K antagonists.
    - Don't order unnecessary pre-transfusion testing (type and screen) for all pre-operative patients.
- Education about the recommendations was presented to physicians in a variety of ways, including at practitioner meetings and in face-to-face conversations. Physicians were very responsive to collaborative educational outreaches at Academic Rounds and medical staff meetings. Physicians were also receptive to personal outreaches to discuss transfusion decisions. This has resulted in significant improvements in regional transfusion appropriateness through cross functional planning and regular communication of the metrics to physicians.
- A blood product order set was developed and implemented, in support of the four recommendations and other evidence-based practices.
- A prospective screening transfusion order worksheet and algorithm were introduced to support clinical decision-making.
- A standard process for following up with clinicians who ordered blood products against recommendations was implemented.

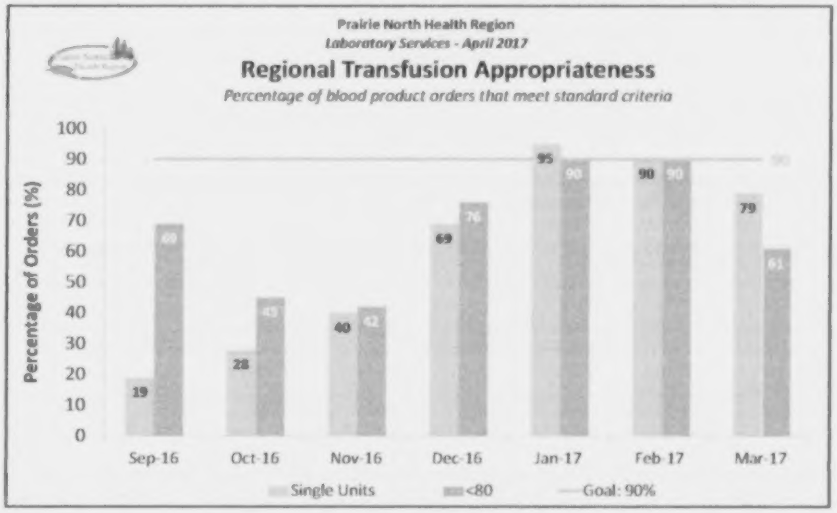
Measurement Results:

- The number of red blood cell units transfused in Prairie North Health Region fell from the end of the 2015 calendar year to December 31, 2016, with the monthly average going from 160 units per month in 2015 to 137 units per month in 2016. This translated into 276 fewer units transfused in 2016, and with an average cost of $423 per unit, an actual savings of more than $116,000. Additional but difficult to calculate savings are associated with the staffing involved to administer each unit of blood.

More importantly, unnecessary transfusions were avoided for patients, eliminating the potential for adverse reactions.

The graph (right) also illustrates that once the full scope of the project was implemented in December 2016, the number of units transfused continued to decline.





- To measure compliance with the recommendations, transfusion orders were reviewed to determine whether they met basic, standard criteria for transfusion appropriateness. The transfusion project was deployed throughout all of Prairie North Health Region as of December 1, 2016. As the graph (right) shows, the appropriateness of units transfused improved greatly through the first three months of 2017. The goal of 90% appropriateness was met in January and February 2017, though compliance declined somewhat in March 2017.

- Education and follow-up with clinicians will continue as PNRHA works to embed these evidence-based practices into its clinical processes. PNRHA will continue to monitor and evaluate the initiative to ensure improvements are sustained in the year ahead.

Patient Safety

PNRHA Improvement Project Target

- By March 31, 2017, meaningful and accurate data and information from the Client Occurrence Safety Reporting and Critical Incident processes is available in a timely manner to assist with frontline and organizational identification of patient safety issues/trends that require further analysis and/or improvement.

Key Actions and Results:

- A key first step to making improvements in this area was a thorough review of the current process for reporting and recording safety incidents. A formal improvement event was used to test and implement improvements to the process.
- Incident reporting forms and processes were simplified and streamlined where possible.
- After improvements were implemented, the summary of reported incidents is distributed semi-monthly, and standard work was developed to help managers analyze and act on that information. Previously, a summary of safety incidents was distributed to managers only quarterly. This meant the information could not be used in a meaningful way to quickly identify trends and make necessary improvements to avoid future incidents.

  Timely reporting of incidents and sharing information with staff and patients/families about what was done to avoid similar incidents in the future is a key element of the Safety Alert/Stop the Line System, as well.
- Two Quality Improvement Program newsletters highlighting the Critical Incident Review process and Safety Alert/Stop the Line, as well as recommendations from past Critical Incident Reviews, were distributed in 2016-17.

Measurement Results:

- Data and information from Client Occurrence Safety Reports (COSRs) are now compiled and distributed semi-monthly to assist with identification of patient safety issues and trends that require further analysis and/or improvement.
  - The commitment to accurate and meaningful data is reliant on COSRs being submitted in a timely way. The standard is that reports be submitted to the Quality Improvement Program within three days of the incident. Compliance with that goal has steadily grown since the improvement event was held, from 28% in March 2017 to 82% in May 2017.
- Improved processes for widely sharing de-identified recommendations stemming from Critical Incident reviews need to be developed, tested and implemented in 2017-18.

Improving the Present; Building the Future

System Better Value Strategy

Prairie North Regional Health Authority supports the provincial health system's enduring strategy to achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Key Actions & Results:

Medical Transcription Services

PNRHA went live with the province's new voice recognition dictation and transcription service in May 2016. The aim with the new system is to significantly improve how transcription services are delivered throughout Saskatchewan for the benefit of patients and families. Prairie North was the second RHA to go live with the new technology. The service was rolled out to the acute care sector at Prairie North's five hospitals, and the acute care mental health program at Battlefords Mental Health Centre.

The goal of the provincial transcription system is a 24-hour turnaround time for all dictated medical reports to be transcribed. Urgent reports are to be completed within two hours. At the time of Prairie North's go-live, the RHA had an overall turnaround time of 24 hours for urgent reports but all other reports were significantly delayed – up to several weeks. As more RHAs came on stream in 2016-17, turnaround times continued to improve. As of April 2017, 67% of all dictation is completed within 24 hours with only two more RHAs and the Saskatchewan Cancer Agency to be added to the system.

The new voice recognition dictation and transcription system is also being put in place for the province's medical imaging and medical laboratory services. The new system is expected to be implemented in these two streams in PNHR over the summer and fall of 2017.

Smart IV Pump Transition

Prairie North was the first RHA to implement the provincial Smart IV (intravenous) Pump project. During the week of May 9, 2016 approximately 800 PNRHA nursing and emergency medical services staff were trained on use of the new Smart Pump electronic devices used to intravenously deliver fluids, medications and nutrition to patients.

Use of the Smart Pumps began in Prairie North hospitals and healthcare facilities on May 16, with rollout continuing into the following week. A total of 218 Smart IV Pumps were introduced in the Region, to enhance patient safety by helping prevent drug dosing errors. Smart IV Pumps are pre-programmed with a drug library containing the dosing information. By the end of 2016, some 3,100 Smart Pumps were in use throughout the Saskatchewan health system, replacing previous intravenous pumps.

Implementing a Region-Wide Kanban System

Prairie North Regional Health Authority continues to make progress toward its goal of 100% implementation of a Region-wide Kanban system by the end of 2020. Kanban is a system of supply replenishment that ensures the timely and reliable provision of supplies. The approach focuses on ensuring that just the right amount of supplies are at hand to support staff in the delivery of services, thereby eliminating accumulation of excess inventory and associated costs. Kanban contributes to Prairie North's and the province's health system by reducing waste such as excess supplies and expired products. Kanban places responsibility for supply functions with Materials Management staff while freeing clinicians to provide patient care.

By the end of March 2017, PNRHA had implemented Kanban in 41 of 42 nursing units, almost achieving our 2016-17 goal of 100% of nursing units having a Kanban system in place. A total of 89 departments across the Region - out of a total of 287 units - are using a Kanban replenishment system.

Prairie North aims to complete its Kanban implementation in SHNB, Primary Health units, and Long-Term Care facilities by the end of 2017-18.

Capital Projects and Purchases

Prairie North Regional Health Authority approved capital expenditures of $2.9 million for 2016-17 for renovations and upgrades to its facilities, including patient/staff safety and security systems; $4.4 million on new and replacement equipment; and $482,675 on information technology (IT) infrastructure (*PNRHA Budget News Release July 25, 2016).*

As always, PNRHA's purchase of new and replacement equipment in 2016-17 was generously supported by donors, Foundations, Auxiliaries, and other organizations. Prairie North is deeply grateful for the continued community and resident financial support of local health facilities, programs, and services to meet the needs of patients and the staff members who deliver their care.

The following projects and purchases proceeded in 2016-17:

- Planning and preparation began in late 2016 for purchase and installation of new computed tomography (CT) scanners for Battlefords Union and Lloydminster Hospitals. The Ministry of Health announced approval on November 2, 2016 *(Government of Saskatchewan News Release)* for PNRHA to purchase the new CT scanners, replacing the original, aging units that have been used at BUH since October 2005 and at LH since January 2006. The new 128-slice scanners will capture much more medical information than the 16-slice units that are at the end of their expected useful life. The replacement scanners will provide a major improvement in the speed and quality of diagnostic images, substantially reducing each patient's radiation exposure.

  Cost of each scanner is around $1.2 million. The Saskatchewan government is providing $600,000 toward each machine, with matching support from the local communities through the Battlefords Union Hospital Foundation and Lloydminster Region Health Foundation.

  The new CT scanners are to be installed by mid-2017.

- The nurse call system at Jubilee Home in Lloydminster was replaced and a new automatic door opener was installed at the main entrance. These are important improvements that support resident and staff safety.

- The day surgery waiting area at Lloydminster Hospital was expanded to enhance the patient experience as patients prepare for their day surgery. The expansion necessitated relocation of the Chapel at LH to another area of the facility. Work on the new Chapel is underway and will be completed in 2017-18.

- A gazebo for residents was added at the Maidstone Health Complex, thanks to funding by the local Red Hatters group.

- The fire panel at River Heights Lodge in North Battleford was replaced, and a number of resident rooms were rejuvenated.

- The Primary Health Care team space at the Meadow Lake PHC clinic was renovated to improve department flow and communications.

- Renovations were completed to enhance physician charting space in the Meadow Lake Hospital Emergency Department to facilitate improved physician consultation and collaboration with other clinical team members.

- A new replacement ambulance was purchased for Meadow Lake. The $182,000 unit will improve Meadow Lake Ambulance Service's ability to provide quality reliable service to Meadow Lake and surrounding area.

New Renal Dialysis and Chemotherapy Units - Battlefords Union Hospital

On January 24, 2017, Prairie North Regional Health Authority celebrated official opening of its new Renal Dialysis Unit and expanded Renal Dialysis program at Battlefords Union Hospital. The event also celebrated relocation of BUH's Chemotherapy Unit to the former dialysis space.

Ribbon Cutting Declares New Units Officially Open - (From left) PNRHA CEO David Fan; Dr. Rod Stryker, Chronic Kidney Disease Program; Herb Cox, MLA The Battlefords; Clara Quick, patient representative; Pat McWatters, Nurse Manager BUH Dialysis and Chemotherapy Units; Dr. Joanne Kappel, Chronic Kidney Disease Program; Bonnie O'Grady, PNRHA Chairperson; and Scott Livingstone, CEO Saskatchewan Cancer Agency.

Patients and their families, staff, PNRHA officials, and representatives of the Government of Saskatchewan, the Chronic Kidney Disease Program of Saskatchewan, and the Saskatchewan Cancer Agency were on hand for the event.

Both capital improvement projects provide much expanded and improved physical space for patients and staff, and overall enhancement of the care environment of the two programs.

The Dialysis Unit relocation was the result of $600,000 in one-time funding provided by the Ministry of Health for the addition of three more dialysis stations at BUH and relocation of the unit to accommodate the expanded program. With the expansion, the number of dialysis stations increased from six to nine and the unit's capacity rose by 50%, to 36 patients from 24 who receive care up to three times a week in North Battleford. The unit is open six days a week, Monday through Saturday. Additional operational funding of $430,000 is provided by the Ministry to support the expanded service.

Prairie North's Dialysis Program is a satellite of the Chronic Kidney Disease Program administered by St. Paul's Hospital in Saskatoon.

SCA CEO Scott Livingstone (left) presented a cheque for $60,000 to PNRHA CEO David Fan to support the improvements to the BUH Chemotherapy Unit.

Relocation of the Dialysis Unit provided the opportunity to address a need by PNRHA's Chemotherapy Program at BUH for much needed larger and more environmentally appropriate space.

The new chemotherapy space offers patients, family or friends who accompany them, and staff, natural light and a more comfortable treatment area. A wheelchair accessible washroom was added to the program area to better meet the needs of patients.

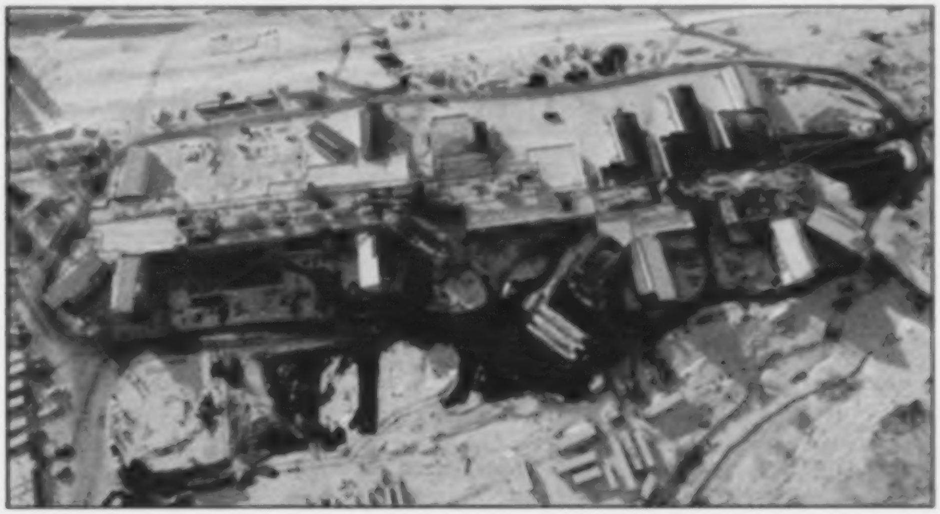
The Chemotherapy Unit improvements were supported by the Saskatchewan Cancer Agency through which the BUH Chemotherapy Program operates under the SCA's Community Oncology Program of Saskatchewan (COPS).

From the Ground Up:

The New Saskatchewan Hospital North Battleford Takes Shape

September 2015

April 2016



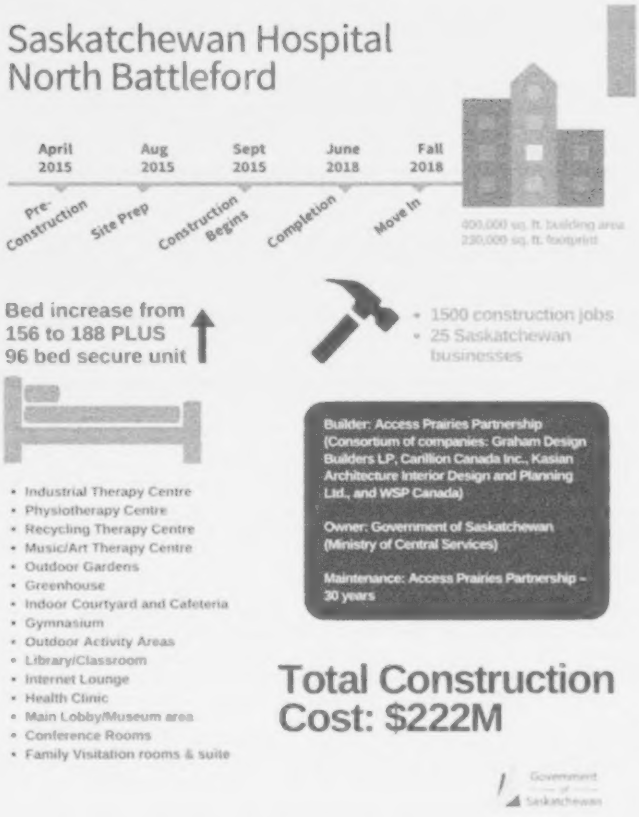
November 2016

Go to www.pnrha.ca for complete information on the SHNB Project, including news updates, live and time lapse video feeds of building progress and aerial views of the site and building taking shape.

By April 2017, construction of the new Saskatchewan Hospital North Battleford was more than 50% complete, well on its way to meeting the target completion date of June 1, 2018.

Considerable progress was made over the past year both inside and outside the 38,000 square meter (400,000 square foot) building area:

- Nearly 773,000 kilograms (773 tonnes) of earth and other material was excavated and diverted from the project site to a landfill - about 100 times as heavy as a Tyrannosaurus Rex.
- 14,000 cubic meters (18,311 cubic yards) of concrete was poured - enough to fill five Olympic-size swimming pools.
- About 935,000 meters (3 million feet) of wire and cable - 1500 times the height of the CN Tower - is inside the structure.
- 3,158 square meters (34,000 square feet) of windows are being installed - 2 times the size of an NHL hockey rink.
- 223,113 meters (732,000 feet) of conduit is being installed - enough to reach the top of the Eiffel Tower more than 744 times.


Saskatchewan Hospital North Battleford

April 2015 Pre-Construction
Aug 2015 Site Prep
Sept 2015 Construction Begins
June 2018 Completion
Fall 2018 Move In

400,000 sq. ft. building area
230,000 sq. ft. footprint

Bed increase from 156 to 188 PLUS 96 bed secure unit

- 1500 construction jobs
- 25 Saskatchewan businesses

- Industrial Therapy Centre
- Physiotherapy Centre
- Recycling Therapy Centre
- Music/Art Therapy Centre
- Outdoor Gardens
- Greenhouse
- Indoor Courtyard and Cafeteria
- Gymnasium
- Outdoor Activity Areas
- Library/Classroom
- Internet Lounge
- Health Clinic
- Main Lobby/Museum area
- Conference Rooms
- Family Visitation rooms & suite

Builder: Access Prairies Partnership (Consortium of companies: Graham Design Builders LP, Carillion Canada Inc., Kasian Architecture Interior Design and Planning Ltd., and WSP Canada)

Owner: Government of Saskatchewan (Ministry of Central Services)

Maintenance: Access Prairies Partnership – 30 years

Total Construction Cost: $222M

Government of Saskatchewan

Saskatchewan Hospital

New Beginnings

Through its Saskatchewan Hospital New Beginnings campaign, Prairie North Regional Health Authority is working to raise $8 million to cover the cost of essential medical equipment and furnishings for the 188-bed non-secure section of the new SHNB.

- The Saskatchewan Hospital New Beginnings, A New Century of Caring, campaign is striving to raise the necessary funds provincially to support the provincial facility, Saskatchewan's only psychiatric rehabilitation hospital. The campaign has and continues to recruit volunteers across Saskatchewan, in all regions, who are working together to identify and secure the gifts needed to meet the $8 million goal. The campaign is currently in the quiet phase, with much activity behind the scenes as it focuses on volunteer-led, peer-to-peer fundraising.
- The Saskatchewan Hospital New Beginnings campaign was formally launched in May 2016 with announcement of well-known North Battleford native, local, provincial and international football star Reuben Mayes as Honourary Chairperson.
- In early July 2016, Saskatchewan Hospital New Beginnings received a $10,000 donation from the Saskatchewan Indian Gaming Authority (SIGA). Participating in the cheque presentation ceremony (photo right) were (from left) Linda Shynkaruk, Director of SHNB; Roger Anderson, Gold Eagle Casino North Battleford; Carmelle, SHNB patient representative; Ben Christensen, PNRHA Board member; Brent Nixon, SHNB staff member; and Pat Cook, SIGA VP Corporate Affairs.

- On September 30, 2016 the Saskatchewan Hospital New Beginnings Campaign received its **first $1 million donation** from an anonymous donor in southern Saskatchewan. The generous contribution highlighted the true provincial scope of SHNB which serves patients from all across the province.
- A 'Ghost Auction' of unused antique furniture, art and collectibles from the 103-year-old SHNB was held in late October/early November 2016 to raise funds for the campaign. Interest was keen from local and surrounding areas, and from around the province. The Ghost Auction raised more than $15,000 for the campaign.

First $1 Million Dollar Donation - Excitedly displaying the anonymous gift are (from left) Dr. David Duncan, SHNB; Vikki Smart, PNRHA; Adrian, SHNB patient representative; Terri Davidson, SHNB; Derek Miller, PNRHA; Diana, SHNB patient representative; Linda Shynkaruk, Director of SHNB; and Corinne Delainey, Fundraising Campaign Lead.

Management Report

May 24, 2017

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations and the Financial Reporting Guide issued by the Ministry of Health, and of necessity includes amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves financial statements.

The appointed auditor, Vantage Chartered Professional Accountants, conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Rhonda Derkatz

David Fan
Chief Executive Officer

Rhonda Derkatz
Chief Financial Officer

Financial Overview 2016-2017

The 2016-17 fiscal year was another challenging one as Prairie North Reginal Health Authority continues striving to bend the cost curve.

On July 25, 2016, Prairie North Regional Health Authority approved a balanced Operating Budget of $287 million in revenues and expenditures for the 2016-17 fiscal year. The budget focused on four strategic priorities in alignment with provincial priorities of Better Care, Better Health, Better Teams, and Better Value.

The Board approved $7.8 million under PNRHA's Capital Management Plan. Capital expenditures supported the delivery of clinical programs through replacement of various equipment within hospitals and other health care facilities across Prairie North Health Region.

Prairie North RHA ended the 2016-17 fiscal year with an operational surplus of $4,593,860 before non-discretionary inter-fund transfers. The Regional Health Authority is required to make non-discretionary transfers from the operating fund to the capital fund for mortgage principal payments. The remaining transfers between the operating fund and the capital fund are for capital asset purchases. In 2016-17, $4,506,551 was transferred between the operating fund and the capital and community trust funds.

Expenditures

Operating Fund expenditures for 2016-17 totalled $288.4 million, which resulted in total expenses being over budget for the year by $2.1 million, or 1% more than budget. This variance is mainly a result of:

- Purchased salaries and contracted out services
- Grants to Health Care Organizations: unbudgeted flow-through funding to Points West Living Lloydminster Inc.. Alberta Health Services (AHS) was to fund Points West directly in 2016-17. This did not occur.

A budget variance threshold of $5,000 or 5% is used to identify significant variances for reporting purposes. Using these criteria, the most significant variance in 2016-17 occurred in the Acute Care Program. Its variances were mainly due to management of nursing vacancies where PNRHA procured contracted nursing services in some areas to meet acute care services demand.

During the year, Prairie North RHA continued to monitor progress on the reduction of sick time usage and wage driven premiums. In 2016-17, the Authority's total sick time costs increased 7.22% over 2015-16 and total over-time costs decreased 26.18% over 2015-16. All sick and overtime costs incurred during the year directly contribute to the overall expenditure variance.

Operating funding provided to Health Care Organizations (HCOs) and other third parties in 2016-17 is as indicated in the table (right). Refer to Note 9b in the Financial Statements for further detail.

Capital expenditures consist of amortization of $7.9 million and mortgage interest of $265,154.

Capital acquisitions during 2016-17 totalled $2.9 million, of which $1.3 million was for building infrastructure and $1.6 million was for equipment.

Funding to HCOs & Third Parties 2016-17

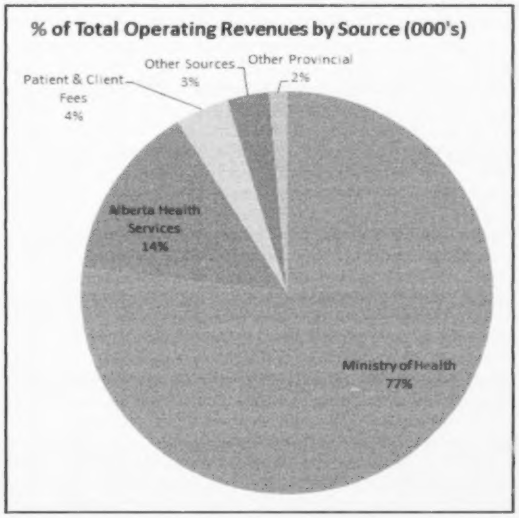
Ambulance Providers:		
WPD Ambulance Lloydminster	$	585,059
WPD Ambulance	$	2,238,256
Marshall's Ambulance Care Ltd.	$	943,995
Health Care Organizations:		
Canadian Mental Health Association (SK Division) Inc.	$	293,834
Edwards Society Inc.	$	440,082
Libbie Young Centre Inc.	$	549,779
Walter A. "Slim" Thorpe Centre Inc.	$	563,160
Long-Term Care/Assisted Living:		
Points West Living Lloydminster Inc.	$	2,578,703
Societe Joseph Breton Inc. (Villa Pascal)	$	2,867,715

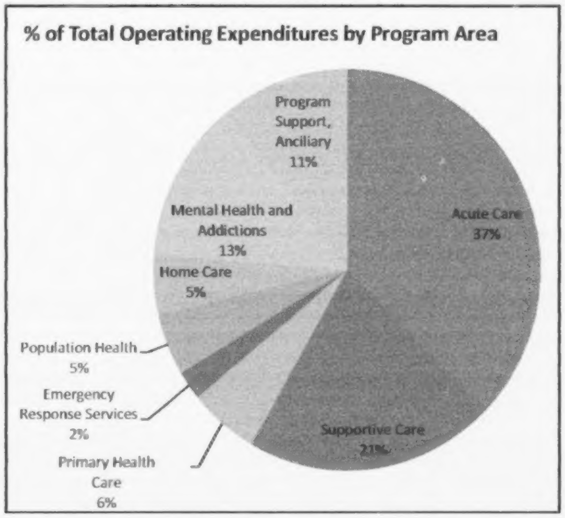
Revenues

Operating Fund revenues for 2016-17 totalled $293 million, an increase of $5.9 million over budgeted operating revenues, or 2% more than budget.

The variance in the operating revenues is due to additional funding from the Ministry of Health for various program enhancements and from Alberta Health Services for acute and long-term care facilities. PNRHA also received the funding that is flowed through to Points West Living Lloydminster Inc.. This item was unbudgeted as AHS was to provide this funding directly to Points West.

Capital Fund revenues totalled $6 million for 2016-17, the majority coming from the Ministry of Health for $3.2 million, donations of $2.4 million, and Alberta Health Services $264,227. Community Trust Fund revenue consists of donations and interest revenue totalling $9,779.


% of Total Operating Revenues by Source (000's)


% of Total Operating Expenditures by Program Area

Other

Special Funds

Prairie North Regional Health Authority is responsible for Community Trust Funds totalling $966,355. These funds are community generated funds subject to restrictions as set out in pre-amalgamation agreements with the RHA. These assets are accounted for separately and any interest earned is credited to the fund.

PNRHA also holds $3.1 million from the Ministry of Health, Alberta Health Services and Saskatchewan Cancer Agency in restricted funds that are to be targeted at various capital expenditures in the upcoming fiscal year.

Prairie North RHA holds $241,672 restricted for Replacement Reserves as a requirement in respect of long-term care facilities financed by Canada Mortgage and Housing Corporation. The RHA holds $6.9 million in internally restricted reserves for future capital asset purchases, targeting Northland Pioneers Lodge in Meadow Lake, Saskatchewan Hospital North Battleford, Riverside Health Complex in Turtleford, ambulance replacement, and general reserves for future capital expenditures.

Loans and Deferred Revenue

Prairie North Regional Health Authority has total outstanding mortgages payable of $7 million, with related buildings pledged as security. (See Note 5 to the Financial Statements for further detail.)

Deferred revenue includes $162,473 from the Ministry of Health. These funds are restricted for use on specific programs as targeted by the Ministry. Deferred revenue held for non-Ministry initiatives totals $1,347,463. (See Note 6 to the Financial Statements for further detail.)

Audited Financial Statements

Vantage
CHARTERED PROFESSIONAL ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

TO: THE BOARD OF DIRECTORS OF PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO: THE MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN

We have audited the accompanying financial statements of Prairie North Regional Health Authority, which comprise the statement of financial position as at March 31, 2017, the statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Prairie North Regional Health Authority as at March 31, 2017, and its financial performance and cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Vantage

Chartered Professional Accountants

North Battleford, Saskatchewan
May 24, 2017

Statement 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION

For the Year Ended March 31, 2017

		Restricted Funds			
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2017	Total March 31, 2016
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 13,806,829	$ 8,316,377	$ 881,129	$ 23,004,335	$ 16,744,870
Accounts receivable					
Ministry of Health - General Revenue Fund	931,663	1,083,866	-	2,015,529	2,865,999
Other	3,955,941	442,220	-	4,398,161	5,095,472
Inventory	1,909,703	-	-	1,909,703	1,843,505
Prepaid expenses	1,660,088	-	-	1,660,088	1,536,576
	22,264,224	9,842,463	881,129	32,987,816	28,086,422
Investments (Schedule 2)	2,399,331	-	85,226	2,484,557	2,422,829
Capital assets (Note 3)	-	67,380,888	-	67,380,888	72,683,081
Total Assets	$ 24,663,555	$ 77,223,351	$ 966,355	$ 102,853,261	$ 103,192,332
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 9,618,912	$ 39,525	$ -	$ 9,658,437	$ 10,325,323
Accrued salaries	6,402,099	-	-	6,402,099	7,758,579
Vacation payable	15,839,795	-	-	15,839,795	15,573,939
Mortgages payable – Current (Note 5)	-	856,086	-	856,086	812,182
Deferred Revenue (Note 6)	1,509,936	-	-	1,509,936	1,967,514
	33,370,742	895,611	-	34,266,353	36,437,537
Long term liabilities					
Deferred salaries	11,877	-	-	11,877	3,383
Mortgages payable (Note 5)	-	6,144,110	-	6,144,110	7,001,596
Employee future benefits (Note 10)	7,566,700	-	-	7,566,700	7,326,800
Total Liabilities	40,949,319	7,039,721	-	47,989,040	50,769,316
Fund Balances:					
Invested in capital assets	-	60,380,692	-	60,380,692	64,869,304
Externally restricted (Schedule 3)	-	3,101,810	966,355	4,068,165	2,137,226
Internally restricted (Schedule 4)	449,027	6,701,128	-	7,150,155	2,177,043
Unrestricted	(16,734,791)	-	-	(16,734,791)	(16,760,557)
Fund balances – (Statement 3)	(16,285,764)	70,183,630	966,355	54,864,221	52,423,016
Total Liabilities & Fund Balances	$ 24,663,555	$ 77,223,351	$ 966,355	$ 102,853,261	$ 103,192,332

Contractual obligations (Note 4)
Pension Plan (Note 10)

Approved by the Board of Directors:

B O'Grady **Director**

Leanne M Sauer **Director**

The accompanying notes and schedules are part of these financial statements.

Statement 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS
For the Year Ended March 31, 2017

	Operating Fund		Restricted			
	Budget 2017 (Note 11)	Operating 2017	Capital Fund 2017	Community Trust Fund 2017	Total 2017	Total 2016
REVENUES						
Ministry of Health - general	$ 224,815,257	$ 225,361,896	$ 3,180,000	$ -	$ 228,541,896	$ 222,030,508
Other provincial	4,077,694	4,002,613	-	-	4,002,613	4,156,978
Federal government	171,000	106,540	49,937	-	156,477	163,479
Alberta funding for Lloydminster	36,663,679	41,644,984	264,227	-	41,909,211	41,797,601
Patient & client fees	11,984,200	12,296,395	-	-	12,296,395	11,878,774
Out of province (reciprocal)	2,786,500	2,739,737	-	-	2,739,737	2,737,019
Out of country	180,000	125,938	-	-	125,938	222,657
Donations	523,540	230,060	2,429,980	1,714	2,661,754	2,795,922
Investment	169,200	209,280	55,007	8,065	272,352	238,458
Ancillary	2,145,980	2,045,520	-	-	2,045,520	961,131
Recoveries	3,102,916	3,530,912	-	-	3,530,912	4,200,715
Other	533,800	714,778	60,201	-	744,979	2,482,512
Total revenues	**287,153,766**	**293,008,663**	**6,039,352**	**9,779**	**299,057,784**	**293,665,754**
EXPENSES						
Inpatient & resident services						
Nursing Administration	8,287,668	8,166,069	-	-	8,166,069	7,870,088
Acute	41,116,048	42,594,411	4,601,709	-	47,196,120	48,325,683
Supportive	39,331,471	41,076,812	1,211,890	32,656	42,321,358	41,714,551
Integrated	-	-	-	-	-	-
Rehabilitation	-	-	-	-	-	-
Mental health & addictions	15,778,856	14,505,490	62,290	-	14,567,780	15,102,510
Total inpatient & resident services	**104,514,043**	**106,342,782**	**5,875,889**	**32,656**	**112,251,327**	**113,012,832**
						-
Physician compensation	**23,342,604**	**21,404,956**	-	-	**21,404,956**	**22,500,913**
Ambulatory care services	**12,728,227**	**12,878,868**	-	-	**12,878,868**	**13,445,488**
Diagnostic & therapeutic services	**31,472,314**	**30,568,272**	-	-	**30,568,272**	**30,939,362**
						-
Community health services						
Primary health care	6,609,619	6,496,680	92,113	-	6,588,793	6,584,210
Home care	11,999,050	12,166,384	81,406	-	12,247,790	12,000,778
Mental health & addictions	12,382,413	12,064,718	-	-	12,064,718	12,047,661
Population health	8,564,025	8,842,444	5,291	-	8,847,735	9,106,471
Emergency response services	7,370,440	7,945,725	119,813	-	8,065,538	8,078,555
Other community services	1,443,859	1,496,293	-	-	1,496,293	1,424,163
Total community health services	**48,369,406**	**49,012,244**	**298,623**	-	**49,310,867**	**49,241,838**
Support services						
Program support	19,947,830	20,988,103	1,994,618	-	22,982,721	20,464,837
Operational support	44,173,001	45,649,726	-	-	45,649,726	45,153,518
Other support	447,835	413,895	-	-	413,895	428,724
Employee future benefits	241,428	245,587	-	-	245,587	231,850
Total support services	**64,810,084**	**67,297,311**	**1,994,618**	-	**69,291,929**	**66,278,929**
Ancillary	**1,097,811**	**920,360**	-	-	**920,360**	**1,084,151**
Total expenses (Schedule 1)	**286,334,499**	**288,414,793**	**8,169,130**	**32,656**	**296,616,579**	**296,503,513**
Excess (deficiency) of revenues over expenses	**$ 819,267**	**4,593,860**	**(2,129,778)**	**(22,877)**	**2,441,205**	**(2,837,759)**

The accompanying notes and schedules are part of these financial statements.

Statement 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31, 2017

2017	Operating Fund	Capital Fund	Community Trust Fund	Total 2017
Fund balance, beginning of year	$ (16,373,073)	$ 67,787,206	$ 1,008,883	$ 52,423,016
Excess (deficiency) of revenues over expenses	4,593,860	(2,129,778)	(22,877)	2,441,205
Interfund transfers (Note 14)	(4,506,551)	4,526,202	(19,651)	-
Fund balance, end of year	$ (16,285,764)	$ 70,183,630	$ 966,355	$ 54,864,221

2016	Operating Fund	Capital Fund	Community Trust Fund	Total 2016
Fund balance, beginning of year	$ (15,616,532)	$ 69,613,687	$ 1,263,620	$ 55,260,775
Excess (deficiency) of revenues over expenses	681,306	(3,264,328)	(254,737)	(2,837,759)
Interfund transfers (Note 14)	(1,437,847)	1,437,847	-	-
Fund balance, end of year	$ (16,373,073)	$ 67,787,206	$ 1,008,883	$ 52,423,016

The accompanying notes and schdules are part of these financial statements

Statement 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2017

	Operating Fund		Restricted Fund			
	2017	2016	Capital Fund	Community Trust Fund	Total 2017	Total 2016
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenditure	$ 4,593,860	$ 681,306	$ (2,129,778)	$ (22,877)	$ (2,152,655)	$ (3,519,065)
Net change in non-cash working capital (Note 7)	(834,091)	3,517,299	164,226	(486)	163,740	918,564
Amortization of capital assets	-	-	7,903,976	-	7,903,976	8,127,074
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	201	-	201	10,816
	3,759,769	4,198,605	5,938,625	(23,363)	5,915,262	5,537,389
Capital activities:						
Purchase of capital assets						
Buildings	-	-	(1,282,213)	-	(1,282,213)	(3,430,207)
Equipment	-	-	(1,609,935)	-	(1,609,935)	(3,494,912)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	5,116
Equipment	-	-	283,149	-	283,149	22,550
	-	-	(2,608,999)	-	(2,608,999)	(6,897,453)
Investing activities:						
Purchase of long-term investment	-	-	-	-	-	-
	-	-	-	-	-	-
Financing activities:						
Acquisition of debt	-	-	-	-	-	1,000,000
Repayment of debt	-	-	(806,567)	-	(806,567)	(876,555)
	-	-	(806,567)	-	(806,567)	123,445
Net increase (decrease) in cash & short term investments during the year	3,759,769	4,198,605	2,523,059	(23,363)	2,499,696	(1,236,619)
Cash & short term investments, beginning of year	14,553,611	11,792,853	1,267,116	924,143	2,191,259	1,990,031
Interfund transfers (Note 14)	(4,506,551)	(1,437,847)	4,526,202	(19,651)	4,506,551	1,437,847
Cash & short term investments, end of year (Schedule 2)	$ 13,806,829	$ 14,553,611	$ 8,316,377	$ 881,129	$ 9,197,506	$ 2,191,259

The accompanying notes and schedules are part of these financial statements.

1. LEGISLATIVE AUTHORITY

The Prairie North Regional Health Authority (RHA) operates under the *Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of The Act. The Prairie North Regional Health Authority is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government. The Prairie North Regional Health Authority is a registered charity under the *Income Tax Act* of Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) *Health Care Organizations*

i. The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Canadian Mental Health Association (Saskatchewan Division) Inc.
Edwards Society Inc.
Libbie Young Centre Inc.
Marshall's Ambulance Care Ltd
Points West Living Lloydminster Inc.
Portage Vocational Society Inc.
Walter A. "Slim" Thorpe Centre Inc.
WPD Ambulance
WPD Ambulance Lloydminster

Note 9 b) i) provides disclosure of payments to HCOs and third parties.

ii. The following affiliate is incorporated (and is a registered charity under the *Income Tax Act* of Canada):

Société Joseph Breton Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA's financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii. The Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under the *Non-Profit Corporations Act* and are registered charities under the *Income Tax Act*.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii) provides supplementary financial information of the Foundations.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

b) *Fund Accounting*

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i. Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health - General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii. Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund and Alberta Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii. Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) *Revenue*

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined). Transfers of capital assets from a related party are recorded at the asset carrying amounts.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

e) *Inventory*

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost as determined on the average cost basis or net realizable value.

f) *Employee future benefits*

i. Pension Plan:

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii. Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to a disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii. Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) *Measurement Uncertainty*

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

Significant items subject to such estimates and assumptions include the estimated accumulated sick leave liability and estimates of the useful lives of capital assets.

h) *Financial Instruments*

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long-term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2017 (2016 - none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

i) *Replacement Reserves*

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Canada Mortgage and Housing Corporation (CMHC). Schedule 4 shows the changes in these reserve balances during the year.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

j) *Volunteer Services*

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

k) *Leases*

Leases that transfer substantially all of the benefits and risks of ownership related to the leased property from the lessor to PNRHA are accounted for as a capital lease. Other leases are accounted for as operating leases.

l) *New accounting standards not yet in effect*

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will become effective as follows:

i. PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance on disclosure requirements for related party transactions.

ii. PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.

iii. PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.

iv. PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.

v. PS 3420 Inter-Entity Transactions (effective April 1, 2017), a new standard establishing guidance on accounting for and reporting on transactions between organizations in the government reporting entity.

vi. PS 3430 Restructuring Transactions (effective April 1, 2018), a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.

vii. PS 3450 Financial Instruments (effective April 1, 2019), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of financial instruments, including derivatives.

viii. PS 2601 Foreign Currency Translation (effective April 1, 2019), replaces PS 2600 with revised guidance on the recognition, presentation and disclosure of transactions that are denominated in a foreign currency.

ix. PS 1201 Financial Statement Presentation (effective in the period PS 3450 and PS 2601 are adopted), replaces PS 1200 with revised general reporting principles and standards of presentation and disclosure in government financial statements.

x. PS 3041 Portfolio Investments (effective in the period PS 3450, PS 2601 and PS 1201 are adopted), replaces PS 3040 with revised guidance on accounting for, and presentation and disclosure of, portfolio investments.

The region plans to adopt these new and amended standards on the effective date and is currently analyzing the impact this will have on these financial statements.

3. CAPITAL ASSETS

	March 31, 2017			March 31, 2016
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Land	$ 2,254,376	$ -	**$ 2,254,376**	$ 2,254,376
Land improvements	1,659,566	1,624,426	**35,140**	46,454
Leasehold improvements	1,249,818	594,901	**654,917**	686,744
Buildings	130,106,101	81,553,044	**48,553,057**	50,493,607
Equipment	60,138,702	46,940,748	**13,197,954**	15,678,884
Construction in progress	2,685,444	-	**2,685,444**	3,523,016
	$ 198,094,007	$ 130,713,119	**$ 67,380,888**	$ 72,683,081

4. CONTRACTUAL OBLIGATIONS

a) *Capital Assets Acquisitions*

At March 31, 2017, contractual obligations for acquisition of capital assets were $668,221 (2016 - $36,069). Also at March 31, 2017 contractual obligations for capital construction in progress were $28,800 (2016 – $62,906).

b) *Operating Leases*

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2018	1,555,527
2019	1,388,967
2020	1,048,153
2021	438,117
2022	152,278

c) *Contracted Health Care Organizations*

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2017 will continue to be contracted for the following fiscal year. Note 9 b) provides supplementary information on Health Care Organizations.

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms		2017		2016
Cut Knife & District Special Care Home CMHC, due March 1, 2022	1.46%	$94,777 principle and interest. Renewal date March 1, 2022. Guaranteed by building NBV $1,018,794.	$	425,053	$	499,471
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	1.39%	$39,135 principle and interest. Renewal date June 1, 2020. Guaranteed by building NBV $142,424.		185,898		222,189
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	2.11%	$162,364 principal and interest, of which $1,821 is subsidized by SHC. Mortgage renewal date is January 1, 2019. Guaranteed by building NBV $542,321		584,963		733,367
Northland Pioneers Lodge, Meadow Lake CMHC due April 1, 2022	1.46%	$87,291 principal and interest. Mortgage renewal date is March 01, 2022. Guaranteed by building NBV $190,241		397,282		465,574
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.00%	$15,736 principal and interest, Mortgage renewal date is December 1, 2026. Guaranteed by building NBV $3,936,991.		106,899		113,920
Meadow Lake Associate Clinic Synergy Credit Union, due March 1, 2016	2.20%	Mortgage paid in full April 01, 2016.		-		7,013
Lakeland Lodge (St. Walburg) Synergy Credit Union due June 1, 2023	4.02%	$32,488 principal and interest, Mortgage renewal date is October 1, 2017. Guaranteed by building NBV $1,111,664		187,623		212,049
River Heights Lodge Synergy Credit Union due June 1, 2023	4.02%	$81,487 principal and interest, Mortgage renewal date is October 1, 2017. Guaranteed by building NBV $1,812,665		470,507		531,861
Energy Performance Contract Synergy Credit Union due April 1, 2027	3.75%	$313,058 principal and interest, Mortgage renewal date is April 1, 2017. Secured by general security agreement.		2,632,429		2,835,209
Prairie North Plaza Synergy Credit Union due February 1, 2021	3.50%	$262,796 principal and interest Mortgage renewal date is August 1, 2018. Guaranteed by a general security agreement and building NBV $4,826,677.		2,009,452		2,193,125
				7,000,196		7,813,778
Less current portion				856,086		812,182
			$	6,144,110	$	7,001,596

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2018		856,086
2019		881,731
2020		907,902
2021		894,382
2022 and subsequent		3,460,095
	$	7,000,196

6. DEFERRED REVENUE

As at March 31, 2017	Balance Beginning of Year	Less Amount Recognized	Add Amount Received (Returned)	Balance End of Year
Sask Health Initiatives				
HIV Peer to Peer Initiative	$ 7,142	$ 7,142	$ -	$ -
Perioperative nursing program - LH OR	55,698	10,429	-	45,269
Workplace Wellness	27,306	17,820	-	9,486
PHC - Pt Centered (ML)	81,823	44,105	-	37,718
Nurse Practitioner - Recruit & Retention	5,000	5,000	-	-
SHNB - ICF	254,000	254,000	-	-
Acute Stroke Pathway	18,000	18,000	-	-
Appropriateness of Care	-	-	70,000	70,000
Total Sask Health	$ 448,969	$ 356,496	$ 70,000	$ 162,473
Other Government of Sask Initiatives				
3SHealth - Hospira Smart Pump	135,500	60,082	-	75,418
SUN Partnership Recruit/Retention	130,650	75,051	-	55,599
Kids First Program NW	154,572	993,986	944,310	104,896
Kids First Program NB	205,350	1,536,625	1,485,404	154,129
Addiction Services AS02	86,520	166,502	100,682	20,700
Total Other Government of Sask	$ 712,592	$ 2,832,246	$ 2,530,396	$ 410,742
Non Government of Sask Initiatives				
Preceptorship SAHSN	4,059	-	-	4,059
Saskatchewan Government Insurance - ABI Independent Living	-	5,119	15,000	9,881
University of Saskatchewan	3,346	3,346	-	-
SK Cancer - Peer Navigation	40,000	40,000	40,000	40,000
SK Cancer - COPS	-	-	125,000	125,000
GST Rebate 2011-2015	750,717	-	-	750,717
Prairie North Plaza - Tenant damage deposits	7,831	767	-	7,064
Total Non-Government of Sask	$ 1,518,545	$ 2,881,478	$ 2,710,396	$1,347,463
Total Deferred Revenue	$ 1,967,514	$ 3,237,974	$ 2,780,396	$1,509,936

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
	2017	2016	**Capital Fund**	**Community Trust Fund**	**Total 2017**	Total 2016
(Increase) Decrease in accounts receivable	$ **1,086,835**	$ (1,955,061)	$ **460,946**		$ **460,946**	$ 831,656
(Increase) Decrease in inventory	**(66,198)**	36,040	-	-	-	-
(Increase) Decrease in prepaid expenses	**(123,512)**	58,189	-	-	-	-
(Increase) Decrease in financial instruments	**(61,242)**	(190,482)	-	**(486)**	**(486)**	49,181
Increase (Decrease) in accounts payable	**(370,166)**	2,011,936	**(296,720)**	-	**(296,720)**	37,727
Increase (Decrease) in accrued salaries	**(1,356,480)**	2,674,635	-	-	-	-
Increase (Decrease) in vacation payable	**265,856**	1,267,254	-	-	-	-
Increase (Decrease) in deferred revenue	**(457,578)**	(616,095)	-	-	-	-
Increase (Decrease) in employee future benefits	**239,900**	227,500	-	-	-	-
Increase (Decrease) in Deferred Salary	**8,494**	3,383	-	-	-	-
	$ **(834,091)**	$ 3,517,299	$ **164,226**	$ **(486)**	$ **163,740**	$ 918,564

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2017 was $685,803 (2016 - $724,135). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) *Related Party Transactions*

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) *Related Party Transactions* (continued)

	2017	2016
Revenues		
3sHealth	$ **312,906**	$ 465,981
Heartland Regional Health Authority	**113,266**	52,200
Keewatin Yatthé Heartland Regional Health Authority	**79,856**	85,533
Light of Christ Roman Catholic School Division	**15,620**	54,870
Living Sky School Division	**636**	105,268
Ministry of Justice	**420,502**	243,683
Ministry of Education	**2,530,610**	2,630,483
Ministry of Social Services	**171,754**	387,680
Saskatchewan Cancer Agency	**89,436**	90,626
Saskatchewan Housing Corporation	**49,937**	51,716
Saskatchewan Worker's Compensation Board	**2,649,642**	1,660,271
SGI Canada Insurance Services Ltd.	**101,598**	75,477
University of Saskatchwan	**92,434**	13,569
	$ **6,628,197**	$ 5,917,357
Expenses		
3sHealth	$ **12,051,807**	$ 10,229,880
eHealth Saskatchewan	**803,057**	562,214
Heartland Regional Health Authority	-	10,499
Ministry of Finance	**51,764**	77,656
Ministry of Central Services	**287,998**	503,309
North Sask. Laundry & Support Services Ltd.	-	1,276,812
Northwest School Division	-	70,300
Public Employees Superannuation Plan	**384,723**	404,538
Regina Qu'Appelle Regional Health Authority	**30,000**	-
SaskEnergy Incorporated	**470,156**	483,007
Saskatchewan Government Insurance	**132,242**	120,697
Saskatchewan Health Care Employees Pension Plan	**11,573,925**	11,189,607
Saskatchewan Polytechnic	**13,392**	20,016
Saskatchewan Power Corporation	**2,090,539**	1,917,363
Saskatchewan Telecommunications	**921,674**	1,148,146
Saskatchewan Transportation Company	**29,999**	13,125
Saskatchewan Worker's Compensation Board	**2,382,552**	2,672,444
Saskatoon Regional Health Authority	**45,750**	31,054
	$ **31,269,578**	$ 30,730,667

9. RELATED PARTIES (continued)

a) *Related Party Transactions* (continued)

		2017		2016
Accounts Receivable				
3sHealth	$	37,316	$	-
eHealth Saskatchewan		22,224		78,385
Heartland Regional Health Authority		9,625		11,950
Keewatin Yatthé Regional Health Authority		109,369		124,453
Living Sky School Division		85,124		-
Light of Christ Catholic School Division		42,562		-
Lloydminster Roman Catholic Separate School Division		37,500		-
Ministry of Social Services		14,587		-
Ministry of Justice		-		37,408
Saskatchewan Cancer Agency		17,306		-
Saskatchewan Government Insurance		11,684		14,331
Saskatchewan Worker's Compensation Board		72,844		46,453
Société Joseph Breton Inc.		503,324		501,624
	$	963,465	$	814,604
Prepaid Expenses				
3sHealth		75,418		-
Saskatchewan Worker's Compensation Board		512,421		575,690
	$	587,839	$	575,690
Accounts Payable				
3sHealth	$	582,219	$	685,500
eHealth Saskatchewan		618,882		37,061
Ministry of Central Services		2,639		75,912
Ministry of Government Relations		-		17,556
SaskEnergy Incorporated		55,357		168,182
Saskatchewan Health Care Employees Pension Plan		1,646,699		1,565,014
Saskatchewan Power Corporation		126,470		814,725
Saskatchewan Telecommunications		51,652		75,687
	$	3,083,918	$	3,439,637

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) *Health Care Organizations*

i. Prescribed Health Care Organizations (HCOs) and Third Parties

The RHA has also entered into agreements with prescribed HCOs and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and third parties.

9. RELATED PARTIES (continued)

b) *Health Care Organizations* (continued)

i. Prescribed Health Care Organizations (HCOs) and Third Parties (continued)

	2017	2016
Canadian Mental Health Association (SK Division) Inc.	$ **293,834**	$ 226,059
Edwards Society Inc.	**440,082**	437,082
Libbie Young Centre Inc.	**549,779**	507,779
WPD Ambulance Lloydminster	**585,059**	598,232
Marshall's Ambulance Care Ltd.	**943,995**	957,071
Points West Living Lloydminster Inc.	**2,578,703**	2,382,438
Walter A. "Slim" Thorpe Centre Inc.	**563,160**	563,160
WPD Ambulance	**2,238,256**	2,252,630
	$ **8,192,868**	$ 7,924,451

ii. Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to the affiliate:

	2017	2016
Société Joseph Breton Inc.	$ **2,867,715**	$ 2,759,513

9. RELATED PARTIES (continued)

b) *Health Care Organizations* (continued)

ii. Affiliates (continued)

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2017 and 2016:

	2017	2016
Balance Sheet		
Assets	$ **1,444,678**	$ 1,435,818
Net Capital Assets	**1,086,489**	1,152,445
Total Assets	$ **2,531,167**	$ 2,588,263
Total Liabilities	$ **930,189**	$ 896,936
Total Net Assets (Fund Balances)	**1,600,978**	1,691,327
	$ **2,531,167**	$ 2,588,263
Results of Operations		
RHA Grant	$ **2,867,715**	$ 2,759,513
Other Revenue	**643,254**	655,711
Total Revenue	**3,510,969**	3,415,224
Salaries and Benefits	**3,110,568**	3,059,879
Other Expenses *	**486,846**	498,612
Total Expenses	**3,597,414**	3,558,491
Excess (deficiency) of Revenues over Expenses	$ **(86,445)**	$ (143,267)

* Other Expenses includes amortization of $86,685 (2016 - $82,552).

	2017	2016
Cash Flows		
Cash from Operations	$ **33,238**	$ (74,346)
Cash used in Financing Activities	-	-
Cash used in Investing Activities *	**(522,908)**	(124,790)
Decrease in cash	$ **(489,670)**	$ (199,136)

* Investing Activities includes capital purchases of $20,729 (2016 - $122,568).

iii. Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

Lloydminster Region Health Foundation Inc.

The RHA has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of $407,937 (2016 - $1,159,879) to Prairie North Regional Health Authority of which $15,278 (2016 - $592,604) is payable at March 31, 2017.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The RHA provides office space and accommodations to the Lloydminster Foundation at no charge.

9. RELATED PARTIES (continued)

b) *Health Care Organizations* (continued)

iii. Fundraising Foundations (continued)

Battlefords Union Hospital Foundation Inc.

The RHA has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of $781,625 (2016 - $818,451) to Prairie North Regional Health Authority of which $ 441,489 (2016 - $253,149) is payable at March 31, 2017.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The RHA provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The RHA has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of $12,291 (2016 - $157,006) to Prairie North Regional Health Authority of which $12,291 (2016 - $84,909) is payable at March 31, 2017.

From time to time, the Meadow Lake Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

Twin Rivers Health Care Foundation Inc.

The RHA has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of $62,837 (2016 - $104,429) to Prairie North Regional Health Authority of which $41,317 (2016 - $2,589) is payable at March 31, 2017.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

c) *North Sask Laundry*

North Sask Laundry (NSL) provides linen services mainly to RHA's in Saskatchewan. PNRHA is a 25% shareholder of NSL and has the right to appoint one board member to the NSL Board of Directors. NSL ceased operations on October 9, 2015 and dissolved as a corporation on March 31, 2016. Prior to dissolution the shareholders appointed Prince Albert Parkland RHA as a settlement agent to act on behalf of the shareholders, at which time the balance of all assets and liabilities were transferred to Prince Albert Parkland RHA.

NSL is a non-profit incorporated organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

10. EMPLOYEE FUTURE BENEFITS

a) *Pension Plan*

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Government of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Government of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The RHA's financial obligation to the plan is limited to making the required payments according to the current agreement.

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2015, which is the latest available financial information, is $923,416,000 (2014 - $2,454,636,000). The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll and is estimated to be $208,829 as at March 31, 2017 (2016 - $184,612). The obligation will be partially reduced through increased contribution rates.

a) *Pension Plan (continued)*

Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the contribution amount below.

	2017					2016
	SHEPP[1]	**PSSP**	**PEPP**	**LAPP**	**Total**	Total
Number of active members	2,549	1	85	88	2,723	2,763
Member contribution rate, percentage of salary	8.10-10.7%	7.0-9.0%	5.0-7.0%	10.39-11.39%		
RHA contribution rate, percentage of salary	9.07-11.98%	510%	5.0-7.0%	14.84-15.84%		
Member contributions (thousands of dollars)	10,334	-	365	540	11,239	11,341
RHA contributions (thousands of dollars)	11,574	-	385	578	12,537	12,651

* Contribution rate varies based on employee group.

[1] Active members are employees of the RHA, including those on leave of absense as of March 31, 2017. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

10. EMPLOYEE FUTURE BENEFITS (continued)

b) *Disability Income Plans*

Employees of the RHA participate in one of the following disability income plans, administered by 3sHealth:

1. CUPE established in 1975 – affiliated with the Canadian Union of Public Employees
2. General established in 1975
3. SEIU established in 1975 – affiliated with the Service Employees International Union
4. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in Compensation - Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2017								2016
	CUPE	**General**	**SEIU**	**SUN**	**AUPE**	**General**	**UNA**	**Total**	**Total**
Number of active members	1,755	384	19	611	95	49	11	2,924	2,873
Member contribution rate, percentage of salary	1.35%	.60-.65%	1.25%	0.69%	0.25%	0.25%	0.25%		
RHA contribution rate, percentage of salary	1.35%	.65-.70%	1.25%	0.81%	0.75%	0.75%	0.75%		
Member contributions (thousands of dollars)	996	196	3,901	290	26	12	7	$ 5,428	1,634
RHA contributions (thousands of dollars)	996	196	3,901	340	80	35	20	$ 5,568	1,772

* Contribution rate varies based on employee group.

c) *Accumulated sick leave benefit liability*

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2017. Key assumptions used as inputs into the actuarial calculation are as follows:

	2017	2016
Discount rate	**2.50%**	2.40%
Rate of inflation	**1.00%**	1.00%
(other significant assumptions as per actuarial valuation)		

	2017	2016
Accrued benefit obligation, beginning of year	**$ 7,326,800**	$ 7,099,300
Cost for the year		
Current period benefit costs	**1,172,400**	1,050,500
Interest Expense	**202,100**	147,600
Actuarial (gains) losses	**98,500**	109,000
Benefits paid during the year	**(1,233,100)**	(1,079,600)
Accrued benefit obligation, end of year	**$ 7,566,700**	$ 7,326,800

11. BUDGET

The RHA approved the 2016 budget plan on July 25, 2016.

12. FINANCIAL INSTRUMENTS

a) *Significant Terms and Conditions*

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) *Financial Risk Management*

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) *Credit Risk*

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore the credit risk on accounts receivable is minimal. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

		2017		2016
Cash and short-term investments	**$**	**23,004,335**	$	16,744,870
Accounts Receivable				
Ministry of Health - General Revenue		**2,015,529**		2,865,999
Other		**4,398,161**		5,095,472
Investments		**2,484,557**		2,422,829
	$	**31,902,582**	$	27,129,170

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principle and providing adequate liquidity to meet cash flow requirements.

d) *Market Risk*

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i. Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

12. FINANCIAL INSTRUMENTS (continued)

d) ***Market Risk*** (continued)

ii. Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2017 and 2016 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $39,701(2016 - $38,957), approximately .98% of the fair value of investments (2016 - .98%).

e) ***Liquidity risk:***

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2017 the RHA has a cash balance of $23,004,335 (2016 - $16,744,870).

f) ***Fair Values***

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $5,944,720 (2016 - $7,540,221) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

12. FINANCIAL INSTRUMENTS (continued)

f) *Fair Values* (continued)

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is based on unobservable inputs. There were no items measured at fair value using level 2 or level 3 in 2017 or 2016.

There were no items transferred between levels in 2017 or 2016.

		2017			2016	
	Level 1	**Level 2**	**Total**	Level 1	Level 2	Total
Investments	**$ 2,484,557**	**$ -**	**$ 2,484,557**	$ 2,422,829	$ -	$ 2,422,829
Mortgages payable	**$ 7,000,196**	**$ -**	**$ 7,000,196**	$ 7,813,778	$ -	$ 7,813,778

g) *Operating Line-of-Credit*

The RHA has a line-of-credit limit of $1,000,000 (2016 - $1,000,000) with an interest rate charged at Prime + 0%. The line-of-credit is secured by a General Security Agreement. Total interest paid on the line-of-credit in 2017 was $0 (2016 - $0). This line-of-credit was approved by the Minister on September 4, 2014.

13. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES

General

The RHA is responsible for providing health services to Saskatchewan residents. The RHA provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with Alberta Health Services (AHS). This agreement sets out the general principles and processes with respect to:

i. The health services to be provided and the service areas and/or populations to be served by the RHA on behalf of AHS;

ii. The operating, equipment and capital funding and any other related payments to be provided by AHS to the RHA;

iii. The management and operation of the Dr. Cooke Extended Care Centre and the Lloydminster Continuing Care facility by the RHA;

iv. The management and direction of Dr. Cooke Extended Care Centre and Lloydminster Continuing Care employees by the RHA; and

v. The reporting and accountability requirements in respect of the services provided by the RHA on behalf of AHS. Specific details on some of these matters have to be concluded as addenda to this agreement.

13. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES (continued)

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to AHS under the RHA of Order In Council #106/95 dated March 31, 1995.

The RHA manages and operates this facility on behalf of AHS.

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

	2017	2016
Balance Sheet		
Cash and Short-Term Investments	**$ 851**	$ 11,153
Accounts Receivable	**38,948**	36,754
Inventory	**7,713**	6,635
Total Assets	**$ 47,512**	$ 54,542
Accounts Payable	**$ 13,035**	$ 20,275
Accrued Salaries	**61,977**	67,913
Accrued Vacation Pay	**242,079**	206,909
Employee Future Benefits	**147,600**	150,400
Fund Deficit	**(417,179)**	(390,955)
Total Liabilities and Fund Balance	**$ 47,512**	$ 54,542
Results of Operations		
AHS Grant	**$ 3,407,863**	$ 5,713,405
Other Revenue	**1,708,484**	1,326,828
Total Revenue	**5,116,347**	7,040,233
Salaries & Benefits	**4,801,295**	5,698,863
Other Expenses	**1,231,724**	1,117,383
Total Expenses *	**6,033,019**	6,816,246
Excess of Expenses over Revenue	**$ (916,672)**	$ 223,987

* Expenses include the Authority's allocated costs of $502,339 (2016 - $598,516).

The RHA has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets owned by AHS nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of AHS.

13. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES (continued)

Lloydminster Continuing Care Centre

The newly constructed Lloydminster Continuing Care (LCC) facility opened and began operations on June 9, 2015. LCC is owned by AHS.

The RHA manages and operates this facility on behalf of AHS.

These financial statements include operating assets, liabilities, revenue and expenses of the Lloydminster Continuing Care facility as follows:

	2017	2016
Balance Sheet		
Cash and Short-Term Investments	$ **250**	$ 12,881
Accounts Receivable	**5,520**	9,444
Inventory	**5,998**	10,604
Total Assets	$ **11,768**	$ 32,929
Accounts Payable	$ **15,461**	$ 27,981
Accrued Salaries	**42,830**	98,073
Accrued Vacation Pay	**271,410**	218,335
Employee Future Benefits	**156,500**	138,100
Fund Deficit	**(474,433)**	(449,560)
Total Liabilities and Fund Balance	$ **11,768**	$ 32,929
Results of Operations		
AHS Grant	$ **3,846,377**	$ 4,272,903
Other Revenue	**1,991,920**	1,104,601
Total Revenue	**5,838,297**	5,377,504
Salaries & Benefits	**5,996,416**	4,522,127
Other Expenses	**863,950**	865,656
Total Expenses *	**6,860,366**	5,387,783
Excess of Expenses over Revenue	$ **(1,022,069)**	$ (10,279)

* Expenses include the Authority's allocated costs of $573,346 (2016 - $602,875).

The RHA has the use of the capital assets of the Lloydminster Continuing Care facility for no charge. Neither the capital assets owned by AHS nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of AHS.

14. INTER-FUND TRANSFERS

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2017			2016		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	-	-	-	-	-	-
Capital asset purchases	(3,719,635)	3,719,635	-	(562,633)	562,633	-
Other	19,651	-	(19,651)	-	-	-
SHC reserves	-	-	-	1,341	(1,341)	-
Mortgage payments	(806,567)	806,567	-	(876,555)	876,555	-
	$ (4,506,551)	$ 4,526,202	$ (19,651)	$ (1,437,847)	$ 1,437,847	$ -

15. COMMUNITY GENERATED FUNDS

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $966,355 (2016 - $1,008,883) under these agreements.

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the RHA with respect to any use of the trust fund.

16. ENERGY RENEWAL PROJECT

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Prairie North RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is $3,477,635 plus GST and has been financed through a $3,500,000 term debt facility with a balance of $2,632,429 outstanding (2016 - $2,835,209), which bears interest at a rate of 3.75%. The term debt facility is amortized over a period of 15 years.

Results of the energy renewal project since its inception are:

	2017	2016	2015	Prior	Total
Estimated Utility Savings	$ 289,858	$ 289,858	$ 325,194	$ 463,773	$ 1,368,683
Interest Costs	102,653	110,574	117,500	150,701	481,428

17. CONTINGENCIES

Lawsuits

The RHA is currently involved in five legal claims. The RHA's insurance coverage would be adequate to cover the claims. The outcome of the remaining legal claims cannot be determined at this time and, accordingly, no liability has been recorded in these financial statements.

18. PAY FOR PERFORMANCE

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 to 2016-17.

19. COLLECTIVE BARGAINING AGREEMENT

The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2018. The Canadian Union of Public Employees (CUPE) contract expired March 31, 2017. The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018. The Service Employees International Union (SEIU) contract is in effect until March 31, 2018.

The United Nurses of Alberta (UNA) contract expired March 31, 2017. The Alberta Union of Provincial Employees (AUPE) – Auxiliary Nursing contract expired March 31, 2017. The Alberta Union of Provincial Employees (AUPE) – General Support Services contract expired March 31, 2017.

20. RESTRUCTURING

The Province of Saskatchewan has announced its intention to consolidate the province's 12 existing Regional Health Authorities, including PNRHA, into one single Saskatchewan Health Authority. The consolidation is expected to occur in Fall 2017. Although PNRHA will be dissolved upon completion of the consolidation, it is expected its assets, liabilities, and operations will continue as part of the Saskatchewan Health Authority. As a result, these financial statements have been presented on a going concern basis.

Schedule 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT

For the Year Ended March 31, 2017

	Budget 2017	Actual 2017	Actual 2016
Operating:			
Advertising & public relations	$ 85,050	$ 72,171	$ 24,465
Board costs	128,660	95,286	104,999
Compensation - benefits	34,058,109	33,103,795	32,174,163
Compensation - employee future benefits	239,900	239,900	227,500
Compensation - salaries	170,156,579	168,606,528	168,572,158
Continuing education fees & materials	485,320	390,405	418,865
Contracted-out services - other	5,509,113	6,327,912	6,987,246
Diagnostic imaging supplies	212,955	251,450	296,615
Dietary supplies	242,450	286,863	283,713
Drugs	3,367,601	3,223,922	3,259,078
Food	4,107,650	4,156,447	4,210,155
Grants to ambulance services	3,741,798	3,741,798	3,807,933
Grants to health care organizations & affiliates	4,604,795	7,183,498	6,879,031
Housekeeping & laundry supplies	1,335,375	1,359,913	1,478,286
Information technology contracts	2,118,063	2,509,270	1,986,051
Insurance	445,000	404,310	420,681
Interest	28,000	33,281	29,290
Laboratory supplies	1,984,050	1,966,691	2,031,157
Medical & surgical supplies	8,246,820	8,078,042	8,051,493
Medical remuneration & benefits	23,275,171	22,675,292	23,220,194
Meetings	82,800	59,130	93,069
Office supplies & other office costs	2,102,080	2,022,769	2,162,370
Other	3,632,476	4,419,891	4,437,351
Professional fees	1,538,642	1,595,711	1,537,069
Prosthetics	492,000	296,087	490,506
Purchased salaries	946,740	1,828,030	1,395,100
Rent/lease/purchase costs	1,760,697	1,835,431	1,832,893
Repairs & maintenance	4,780,367	4,826,886	4,652,842
Supplies - other	1,328,801	1,399,765	1,355,135
Therapeutic supplies	5,000	3,243	4,208
Travel	1,727,480	1,691,721	1,789,160
Utilities	3,564,957	3,729,355	3,556,835
Total Operating Expenses	$ 286,334,499	$ 288,414,793	$ 287,769,611
Restricted:			
Amortization		$ 7,903,976	$ 8,127,074
Loss/(Gain) on disposal of capital assets		-	48,325
Mortgage interest expense		265,154	293,227
Other		32,656	265,276
		$ 8,201,786	$ 8,733,902

Schedule 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2017

	Fair Value	Maturity	Effective Rate
Restricted Investments* -Capital Fund			
Cash and Short Term Investments			
Chequing and Savings:			
Synergy Credit Union, Lloydminster	7,309,519		
Short Term Investment			
Synergy Credit Union, Lloydminster	1,006,858		
	8,316,377		
Restricted Investments* -Community Fund			
Cash and Short Term Investments			
Chequing and Savings:			
Edam Credit Union	105,721		
Goodsoil Credit Union	2,911		
Edam Credit Union	50,000	23-Jan-18	1.25%
Goodsoil - Cdn Western GIC	17,832	21-Aug-17	2.20%
Innovation Credit Union, Meadow Lake	432,228		
Innovation Credit Union, North Battleford	198,990		
Synergy Credit Union, Lloydminster	9,550		
R.M. of Frenchman Butte	10,071		
Town of Lashburn	25,993		
Town of Marshall	1,025		
Town of St Walburg	17,047		
Village of Waseca	9,761		
	881,129		
Long Term Investments			
Edam Credit Union	15,000	03-Dec-18	0.95%
Edam Credit Union	15,000	02-Dec-18	0.95%
Edam Credit Union	20,000	30-Nov-21	1.40%
Goodsoil - Cdn Western GIC	17,574	10-Jun-19	2.26%
Goodsoil - Cdn Western GIC	17,652	29-May-18	2.06%
	85,226		
Total Restricted Investments -Community Fund	**966,355**		
Subtotal	**9,282,732**		

* Restricted Investments consist of:
-Community Generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
-Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation held in the Capital Fund (Schedule 4).

Schedule 2 (continued)

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2017

	Fair Value	Maturity	Effective Rate
Balance Forward	$ 9,282,732		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Innovation Credit Union	1,190,952		
Synergy Credit Union	10,894,875		
Turtleford Credit Union	411		
Equities	300		
Petty Cash	13,733		
Home Trust High Interest Savings	211,946		
Synergy Credit Union	119,246	16-Jun-17	0.95%
Synergy Credit Union	243,967	27-Dec-17	1.75%
Synergy Credit Union	176,898	10-Jan-18	1.60%
Synergy Credit Union	48,237	25-Jun-17	2.15%
Synergy Credit Union	56,972	03-Dec-17	2.15%
Synergy Credit Union	57,214	03-Dec-17	2.04%
Synergy Credit Union	289,270	15-Mar-18	1.05%
Credential Securities HOME TRUST GIC	29,384	29-May-17	2.00%
Credential Securities GIC	78,880	29-Sep-17	1.76%
Credential Securities GIC	78,892	29-Sep-17	1.77%
Credential Securities GIC	102,165	05-Jan-18	1.75%
Credential Securities GIC	61,476	05-Jan-18	1.82%
Credential Securities GIC	51,113	05-Jan-18	1.80%
Credential Securities GIC	70,245	05-Jan-18	1.50%
Credential Securities GIC	30,653	05-Jan-18	1.76%
	13,806,829		
Long Term			
Credit Union Member shares	5		
Member equity	65,908		
Synergy Credit Union	479,157	27-Dec-18	1.10%
Synergy Credit Union	248,226	29-Dec-20	1.30%
Synergy Credit Union	262,620	29-Dec-18	2.37%
Synergy Credit Union	143,936	14-Dec-19	1.20%
Synergy Credit Union	263,536	6-Jun-20	1.90%
Synergy Credit Union	48,424	24-Jun-21	1.50%
Synergy Credit Union	47,992	26-Jun-19	1.20%
Synergy Credit Union	49,912	25-Jun-19	2.80%
Synergy Credit Union	49,236	24-Jun-20	1.90%
Synergy Credit Union	56,796	02-Dec-21	1.50%
Synergy Credit Union	57,541	03-Dec-19	2.20%
Synergy Credit Union	46,357	27-Jan-19	1.80%
Credential Securities GIC Home Trust	29,250	20-Aug-18	2.30%
Credential Securties GIC BMO Trust	25,941	06-Nov-19	2.41%
Credential Securities GIC	93,122	06-Nov-19	2.35%
Credential Securities GIC	103,684	22-Jul-20	2.16%
Credential Securities GIC	37,524	22-Jul-20	2.15%
Credential Securities GIC	54,679	02-Dec-20	2.31%
Credential Securities GIC	36,878	17-May-19	2.23%
Credential Securities GIC	198,607	15-Jun-20	2.26%
	2,399,331		
Total Unrestricted Investments -Operating Fund	**16,206,160**		
Total Investments	**$ 25,488,892**		

Schedule 2 (continued)

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2017

	Fair Value	Maturity	Effective Rate
Total Cash & Short Term	23,004,335		
Total Long Term	2,484,557		
Total Investments	$ 25,488,892		

Schedule 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2017

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals and Adjustments	**Balance End of Year**
Non-Government of Sask Initiatives						
L. Genais Memorial Health Centre	$ 77,989	$ 1,175	$ -	$ (23,837)	$ 642	**$ 55,969**
Northland Pioneer Lodge	428,763	3,008	-	-	457	**432,228**
Lady Minto Health Centre	220,540	1,470	1,714	-	(18,003)	**205,721**
Saskatchewan Hospital	200,350	1,385	-	-	(2,745)	**198,990**
River Heights Lodge	9,177	375	-	-	-	**9,552**
R.M. of Cut Knife	707	-	-	-	(707)	-
R.M. of Frenchman Butte	9,924	102	-	-	44	**10,070**
R.M. of Hillsdale	(407)	-	-	-	407	-
Town of Cut Knife	186	-	-	-	(186)	-
Town of Lashburn	25,679	155	-	-	158	**25,992**
Town of St. Walburg	25,286	345	-	(8,819)	235	**17,047**
Village of Marshall	1,029	1	-	-	(5)	**1,025**
Village of Waseca	9,660	49	-	-	52	**9,761**
	$ 1,008,883	$ 8,065	$ 1,714	$ (32,656)	$ (19,651)	**$ 966,355**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Revenue	Capital Grant	Expenses	Transfer to Investment in Capital Asset Fund Balance	**Balance End of Year**
Ministry of Health Initiatives						
Lloydminster Hospital 3rd OR	$ 390,375	$ -	$ -	$ -	$ -	**$ 390,375**
BUH Dialysis Expansion	578,354	-	-	(556,545)	-	**21,809**
CT Scanner Replacement	-	-	1,200,000	(5,910)	-	**1,194,090**
Block Funding (2016-17)	-	-	1,450,000	(271,337)	-	**1,178,663**
Capital Equipment Funding (2016-17)	-	-	530,000	(364,465)	-	**165,535**
	968,729	-	3,180,000	(1,198,257)	-	**2,950,472**
Other Government of Sask Initiatives						
Saskatchewan Cancer Agency	-	-	60,000	(33,331)	-	**26,669**
	-	-	60,000	(33,331)	-	**26,669**
Non-Government of Sask Initiatives						
Alberta Health Services - Infrastructure	$ 159,614	$ -	$ -	$ (34,945)	$ -	**$ 124,669**
Alberta Health Services - Equipment	-	-	264,227	(264,227)	-	-
	159,614	-	264,227	(299,172)	-	**124,669**
Total Capital Fund	$ 1,128,343	$ -	$ 3,504,227	$ (1,530,760)	$ -	**$ 3,101,810**
Total Externally Restricted Funds	$ 2,137,226	$ 8,065	$ 3,505,941	$ (1,563,416)	$ (19,651)	**$ 4,068,165**

Schedule 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2017

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation from Unrestricted fund	Other Income	Transfer to Unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
Capital							
CMHC Replacement Reserves							
Cut Knife & District Special Care Home Inc.	$ 9,982	$ 157	$ 9,340	$ -	$ -	$ (198)	$ **19,281**
L Gervais Memorial Health Centre	8,952	140	4,500	-	-	-	**13,592**
Lloydminster and District Senior Citizens Lodge	37,502	589	13,000	-	-	(7,381)	**43,710**
Northland Pioneers Lodge	79,216	1,243	11,023	-	-	-	**91,482**
Turtle River Nursing Home	72,470	1,137	-	-	-	-	**73,607**
Total CMHC	208,122	3,266	37,863	-	-	(7,579)	**241,672**
Other Internally Restricted Funds							
Ambulance replacement	268,107	-	138,603	-	-	(182,504)	**224,206**
Capital Equipment replacement	149,575	-	3,700,000	-	-	-	**3,849,575**
Donation Funds	716,331	-	-	28,084	-	(68,859)	**675,556**
Northland Pioneers Lodge - fundraising	132,772	-	-	111,830	-	-	**244,602**
Northland Pioneers Lodge	314,652	2,205	-	-	-	-	**316,857**
Riverside Health Complex - Estate	-	846	-	629,728	(211,008)	-	**419,566**
SHNB - fundraising	-	-	-	1,051,851	(322,757)	-	**729,094**
Total Other Internally Restricted	1,581,437	3,051	3,838,603	1,821,493	(533,765)	(251,363)	**6,459,456**
Total Capital	1,789,559	6,317	3,876,466	1,821,493	(533,765)	(258,942)	**6,701,128**
Operating							
Other Internally Restricted Funds							
Donation Funds	387,484	-	-	102,003	(40,460)	-	**449,027**
Total Operating	387,484	-	-	102,003	(40,460)	-	**449,027**
Total Internally Restricted Funds	$ 2,177,043	$ 6,317	$ 3,876,466	$ 1,923,496	$ (574,225)	$ (258,942)	$ **7,150,155**

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

Schedule 5

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULES OF:

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2017

	2017							2016
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	**Total**	Total
Chairperson								
O'Grady, Bonnie	$ 9,430	$ 14,588	$ 8,306	$ 9,002	$ -	$ 1,440	**$ 42,766**	$ 58,327
Board Member								
Christensen, Ben	-	3,475	775	632	-	147	**5,029**	5,042
Churn, Gillian	-	4,375	1,881	2,200	-	24	**8,480**	7,731
Gattinger, Sheldon	-	4,575	1,300	1,593	-	218	**7,686**	7,073
Hoffman, Wayne	-	2,738	313	279	-	93	**3,423**	4,875
Lundquist, Helen	-	4,500	1,863	1,857	-	242	**8,462**	7,683
Pike, Jane	-	3,800	1,150	1,913	-	172	**7,035**	8,475
Sauer, Leanne	-	4,813	1,238	1,430	-	215	**7,696**	6,972
Sharma, Anil	-	2,713	725	904	-	117	**4,459**	5,607
Wouters, Glen	-	2,200	649	1,014	-	72	**3,935**	4,321
Total	$ 9,430	$ 47,777	$ 18,200	$ 20,824	$ -	$ 2,740	**$ 98,971**	$ 116,106

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2017

	2017					2016		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	**Total**	Salaries, Benefits & Allowances[1,2]	Severance	Total
Fan, David - CEO	$ 383,078	$ 60	$ 383,138	$ -	**$ 383,138**	$ 357,005	$ -	$ 357,005
Denis, Irene - VP	253,519	60	253,579	383,940	**637,519**	240,752	-	240,752
King, Gloria - VP	208,129	60	208,189	-	**208,189**	225,122	-	225,122
Miller, Derek - VP	179,167	60	179,227	-	**179,227**	182,222	-	182,222
Smart, Vikki - VP	208,208	60	208,268	-	**208,268**	225,957	-	225,957
Total	$1,232,101	$ 300	$ 1,232,401	$ 383,940	**$ 1,616,341**	$ 1,231,058	$ -	$ 1,231,058

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. The pay for performance compensation plan has been suspended for the 2014-15 to 2016-17 fiscal years. Senior employees will receive 100% of their base salary for 2014-15 to 2016-17. Refer to Note 18 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

Appendix A - Payee Disclosure List

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2017

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Abbott-Swiderski, Tammy	$	79,245
Abraham,Swapana		116,854
Abrams,Courtney		72,762
Adam,Ciera		73,480
Adams,Brittany		54,875
Adeagbo,Funmilola		106,951
Agraviador,Edda Aura		105,376
Aguilo,Jocelyn		76,883
Ahmad,Mirza		62,862
Ahmed,Sana		68,419
Aiken,Tyler		64,161
Akre,Kim		80,965
Akre,Lorrie		96,205
Alabi,Olubukonl		55,526
Albers,Denise		58,537
Albert,Lori		85,635
Alex,Joji		109,196
Alexander,Carol		51,059
Allan, Lori D.		76,834
Allan,James		73,141
Allan,Melissa		94,215
Allen,Krista		95,557
Allen,Sean		81,504
Almario, Grace		63,482
Almond,Deanne		81,931
Amediku,Benjamin		121,098
Amusat,Ismaila		104,776
Anderson Callbec,Trina		96,811
Anderson,Cara		50,438
Anderson,Lorilynn		104,610
Angeles Jr.,Justino		79,791
Antelo,Roxanna		52,580
Antonio,Dowsan		71,243
Antony,Anson		153,876
Aquino, Sally F	$	61,710
Arcand,Christine		113,018
Arnold,Shelley		92,687
Arora,Harsha		86,573
Aure,Riza		51,853
Auriat,Odette		111,248
Austin,Audra		103,311
Aznar,Chariss		101,123
Aznar,Lourence		50,016
Aznar,Rameses		50,923
Azupardo,Keyleen		106,246
Babcock,Brittany		72,345
Baby Purayidam,Sheril		107,139
Bacchetto,Theresa		85,614
Backlund,Terence		63,774
Bailey,Anita		104,446
Bailey,Todd		117,636
Balbiran, Jun Rey O		57,428
Balenga,Darla		51,237
Ball,Nicole		97,899
Balysky,Arnold		57,859
Banas-Mcewen, Rossana		59,418
Bandola,James		80,923
Banez, Jovel		55,118
Banez, Maria "Daisy"		55,436
Banks,Shannon		78,793
Banks,Shelly		97,827
Banks,Sherri		83,795
Banks,Tara		65,138
Bannerman,Annette		74,985
Bannerman,Charlene		99,271
Bannister,Jennifer		72,901
Bansal,Amandeep		80,463
Barclay,Grant		62,402

Personal Services (continued)

Barnett,Isabelle	$	96,861
Baron,Lauren		90,154
Barr,Idella		96,230
Barth,Jennifer		76,220
Bartkewich,Catherine		99,219
Basilio, Maria		58,816
Basilio,Catherine		114,165
Batalla,Eva		50,606
Bauer,Matthew		56,617
Bauer,Robert		99,265
Bauming,Holly		62,660
Baynham,Carrie		91,287
Baynton,Frances		57,074
Beamish,Kim		53,311
Beatch,Heather		69,691
Beaudry,Deborah		109,335
Beaudry,Valerie		60,046
Beckman,Barbara		59,009
Bedford,Shirley		75,573
Beler,Brenda		101,575
Bell,Nancy		74,216
Beltran, Kathryn		67,994
Bendall,Beverly		50,861
Bendick,Brenda Le		56,325
Benoit,Heather		66,283
Bentley,Blaine		94,386
Bentley,Regina		57,376
Bentley,Stephanie		90,724
Berquist,Brandi		75,330
Berthelette,Charlotte		60,143
Bertsch,Ashley		89,692
Bertsch,Shirley		92,329
Berube,Reghan		91,788
Best, Wade		82,090
Best,Peggy		120,312
Bilanski,Lisa		88,121
Bird Jimmy,Freda		51,910
Bird, Esther		59,256
Bird-Martin,Glenda		96,636
Birkett,Bryan		70,790
Birkett,Sandra		65,360
Bishara,Chantal		95,553
Bishop, Gina		60,743
Blachford,Patti		53,703
Blais,Valerie		80,581
Blanchette,Shanna		88,088
Blandin,Ashley		86,969
Blaquiere,Brittni		69,681
Blaquiere,Lisa		50,810
Blaquiere,Mary Jean		52,598
Bloom,Bethany		100,225
Blum,Anita		50,222
Bobesko,Trisha	$	57,710
Bodnar,Cynthia		137,706
Boehm,Kristina		100,237
Boehm,Melissa		67,337
Bohay,Alejandra		65,565
Bomok,Michelle		53,375
Bongosia,Allan		51,328
Bonifacio,Gladys		54,617
Bonnet,Michael		56,759
Borabo, Jocelyn		54,207
Borowski,Brettiney		88,637
Bors,Melissa		89,425
Borthwick,Daniella		100,978
Bose,Alexander		73,100
Boskill,Carmin		95,937
Bote,Kaitlyn		80,990
Bourassa,Candace		70,847
Boutin,Taylor		51,493
Bouvier,Erin		73,386
Bowman,Jodi		71,081
Boyer, Desiree		103,264
Boyer,Claudette		76,344
Braaten,Cathy		81,098
Bradshaw, Debora		55,738
Brander,Edna		81,450
Brander,Nicole		51,646
Brassington, Diana		65,681
Brataschuk,Cathie		57,428
Brausse,Connie		75,283
Brick,Dean		105,279
Bridges,Monique		60,207
Britton, June		55,006
Broad,Ashley		66,134
Brochu,Kristine		105,271
Brooks,Claudette		52,930
Brow,Patricia		57,968
Brow,Robert		84,655
Browarny,Tonya		65,900
Brown,Candace		75,464
Brown,Christine		67,791
Brown,Denise		50,111
Brown,Roshel		83,237
Bruckner,Christoph		84,207
Brun,Wanda		51,963
Brust,Nicole		82,355
Buan Salazar,Nichole		104,717
Buchynski,Kenneth		115,106
Buck,Gloria		76,753
Bugler,Brenda		67,635
Bullock,Karen		108,911
Bullock,Lloyd		137,978
Bunnell,Diane		103,224

Personal Services (continued)

Burrell,Jonathan	$	65,226
Burroughs,Penny		91,587
Burrows,Kimberly		59,641
Burton,Carly		74,548
Burton,Tracey		80,681
Byl,Kathy		89,193
Cadrin,Lois		50,048
Caguia,Catrina C		56,656
Cain Buglas,Jacalyn		97,653
Calacal,Miriam		50,869
Calow,Michelle		109,484
Cameron,Greg		81,468
Camgoz,Lynn		94,831
Campbell,Jessica		106,128
Campbell,Tara		62,525
Canfield,Robyn		96,221
Cappelle,Jarret		84,981
Cappelle,Trina		69,160
Carter,Kerrilee		52,365
Cavanagh,Lisa		105,147
Cave,Teresa		66,228
Chabot,Kathleen		68,043
Chang,Dingwu		50,965
Chapman,Blaire		85,162
Chapman,Lisa		73,952
Charabin,Brenda		93,483
Chatelaine,Rachel		64,988
Chaykowski,Brenda		98,208
Chermcara,Gail		51,280
Cherniak,Misha		89,442
Choe,Yoon		83,241
Chomicki,Doreen		64,551
Chomutare,Tanyaradz		72,342
Chrapko,Natalie		73,462
Christianson,Christine		78,231
Chubb,Patricia		121,031
Clancy,Catherine		85,637
Clark,Margaret		78,142
Clark,Patricia		71,967
Clark,Rhonda		54,202
Clarke,Darlene		94,927
Clarke,Penni		75,170
Clinton,Jenna		81,321
Coakwell,Michelle		56,568
Cole,Jill		53,300
Collinge,Dianne		103,574
Collins,Cheryl		55,355
Collins,Shari		98,428
Combres,Gayle		51,846
Conacher,Ashley		104,669
Conacher,Laurie		56,683
Conley,Dylan		79,974
Cook,Danelle	$	69,138
Cook,Jennifer		71,555
Cook,Robert		109,201
Cooling,Janisa		82,538
Corbeil,Alan		78,679
Cornista,Teeny		96,448
Corpe,Cathy		84,655
Corrigal,Twyla		69,918
Craig,Irene		103,468
Crawford,Shelby		58,789
Crickard,Karen		88,455
Crookedneck,Savannah		68,086
Crush,Noreen		51,313
Cruz,Catherine		51,990
Cubbon,Karen		58,141
Cuff,Shirley		66,913
Cusack,Kaleigh		64,799
Custer,Cory		86,485
Dahl,Glenda		76,943
Dalke,Kimberly		77,170
Dallyn,Lauri		97,771
Danderfer,Arleen		63,138
Danilkewich,Krysta		66,899
Danilkewich,Mandy		100,068
David,Ma Rosean		71,088
Davidson,Allan		56,520
Davidson,Theresa		73,782
Davis,Jane		91,491
Day,Kelly		119,320
Day,Myles		54,773
Day,Stacy		68,759
De Bruin,Shannon		77,925
De Strake,Jill		82,417
Dearborn,Anna		56,542
Decelle,Kathy		77,514
Degenstein,Amanda		99,605
Degenstien,Erin		90,882
Dejong,Courtney		79,971
Delparte,Lisa		50,550
Deneschuk,Judith		98,102
Denis,Irene		637,519
Derdall,Kent		85,927
Derkatz,Rhonda		137,558
Derkatz,Trevor		158,777
Desmarais,Lana		62,824
Dewald,Kristina		73,802
Dewolfe,Sandra		121,281
Dion,Dianne		57,252
Dionisio, Lourdes		59,882
Dodjro,Ablavi		79,859
Domes,Dianne		50,274
Domes,Shannon		54,393

Personal Services (continued)

Donald,Brenda	$	93,408
Donald,Lori		81,567
Doom,Chelsey		75,955
Doom,Debra		94,688
Doshen Gervais,Lisa		118,871
Doucette,Delrae		55,982
Draper,Raquel		103,984
Draskic,Manuela		67,447
Du Plooy,Zelda		82,527
Duddridge,Shawn		97,864
Dueck,Shari		85,165
Duhaime,Tanya		76,484
Dull,Darcy		61,060
Duncan,Diana		103,841
Dunning,Kim		50,638
Dunning,Nicholas		94,527
Dupuis,Darlene		96,080
Dupuis,Lori		93,973
Duriez,Anne		76,177
Dust,Ashley		52,555
Dustow,Verlyne		95,034
Dutton,Shellie		79,423
Dy,Petrina		81,644
Dyck,Cheryl		52,038
Dyer,Amber		67,432
Dykstra,Donna		58,399
Ebach,Chris		76,537
Eberle,Janelle		74,000
Ecker,Rebecca		79,677
Edlin,Aimee		54,393
Edwards, Amylia		84,770
Edwards,Timothy		100,482
Eidsvik,Morgan		97,768
Elder,Leita		73,778
Elliott Rumpf,Karen		79,246
Elliott, Bernice M		54,007
Elliott,Patricia		50,159
Ellis,Shana		80,363
Encorporado,Parker		63,514
Engelke,Carmel		56,779
Engelke,Johann		102,489
English,Dawn		81,949
English,Roderick		100,544
Ennis,Garcia		117,730
Ens,Jennifer		77,320
Epp,Kelly		54,123
Erana,Gladys		74,751
Erickson,Sara		77,608
Ernst,Bernadett		112,018
Escorpiso,Emelda		83,577
Etcheverry,Chris		113,929
Etcheverry,Geoff		97,997
Etcheverry,Lisa	$	50,134
Evanger,Shanna		81,171
Evanisky,Crystal		58,981
Ewanchuk,Eunice		55,259
Ewanchuk,Lindsay		67,008
Falcon,Tanya		50,788
Fan,Colleen		70,507
Fan,David		383,078
Farrell,Barbara		97,844
Fedorchuk,Hannah		54,553
Fendelet,Kaitlin		80,602
Ferguson,Wendy		96,829
Ferland,Armande		92,660
Fernandez,Kohleen		74,259
Ferron,Shelley		62,792
Fey,Danielle		83,954
Fillion,Janice		95,342
Finlay,Serena		50,054
Finnan,Ryan		74,232
Flath,Kimberly		79,151
Flegel,Erika		64,894
Fleury,Jason		55,938
Forbes,Gary		59,266
Forbes,Shelley		91,448
Ford,Brittiany		79,935
Forsberg,Nina		72,160
Fortier,Laurelle		69,889
Foulds,Brittni		50,997
Francais,Garrett		99,770
Francis,Jennifer		69,925
Francis,Linta		66,769
Fransoo,Colais		101,673
Fransoo,Paul		85,357
Freimark,Judy		69,697
Frerichs,Tina		58,197
Frey,Geoffrey		83,225
Frey,Jared		78,649
Friedrich,Andy		94,131
Friesen,Karen		75,495
Frolek,Megan		55,964
Fruson,Mandee		77,055
Fung,Teresa		96,623
Gabruch,Colleen		75,045
Galman,Shirley		50,244
Gammel,Joanne		54,197
Garris,Cheri Lyn		100,644
Gatzke-Bartusek,Tammy		104,771
Gaw,Casey		120,439
George,Suneesh		103,514
Gerbig,Karen		71,029
Gerbrandt,Amanda		69,757
Gerbrandt,Gloria		105,223

Personal Services (continued)

Gerlinsky,Lisa	$	66,617
Germs,Richard		54,393
Gerrior,Val		53,047
Gervais,Donnell		112,877
Gervais,Jordain		60,993
Gessner,Monique		64,475
Getzinger,Cindy		76,684
Gieni,Kathleen		65,256
Gill,Chris		73,993
Gill,Harpreet		53,167
Gill,Paramjeet		101,740
Gillen,Toby		92,890
Gillespie,Laurie		105,501
Gillis,Kelsey		81,044
Glowa,Lorne		169,429
Gohil,Kartik		65,772
Goll,Marilyn		53,531
Gomentong,Rosita		52,309
Gopal Joseph,Ephraim J		79,749
Gorham,Charlene		57,877
Gosling,Kerri		93,757
Gourdeau,Kassidi		57,699
Goward,Leah		93,005
Graf,Jan		92,250
Graham, Gloria		55,220
Graham,Donna		62,888
Graham,Shiela		87,076
Grant,Sandra		59,341
Grasby,Michele		96,528
Gratton,Candace		87,387
Graupe,Lori		121,954
Gravelle Allenby,Angela		97,167
Graw,Andrea		103,009
Graw,Esther		74,009
Graw,Vivian		56,571
Gray,Lois		54,518
Greenfield,Robert		65,145
Greenwald,Kelly		95,862
Greenwald,Tammy		58,858
Greenwood,Beverly		75,581
Gregoire,Ashley		77,151
Gregoire,Gillian		138,027
Grela,Joseph		84,690
Greschner,Matthew		93,801
Greschner,Nadyne		56,715
Greuel,Carla		63,932
Griffin,Lorraine		58,493
Grift,Peggy		111,418
Grigo,Sandra		89,914
Gubbe,Greg		97,966
Gubbe,Joanne		79,512
Gubbe,Spencer		92,484
Guieb,Carmencit	$	79,108
Gumtang,May Julie		51,336
Guo,Xianyun		55,921
Gustafsson,Laurie		102,281
Gysler,Debora		101,737
Hackinen,Allison		56,694
Hackman,Courtney		57,039
Hadland,Brenda		108,525
Haftner,Debra		71,240
Hager,Genien		92,632
Haggard,Alison		72,751
Hall,Jeanette		112,149
Hall,Jennifer		67,173
Halter, Darlene		59,795
Halter,Chelsie		80,183
Halter,Sherri		60,282
Halwachs,Michaela		85,135
Hames,Shelly		74,030
Hamilton Rask,Shannon		56,353
Hamilton,Charlotte		121,843
Hamilton,Stephanie		50,293
Hammond-Collins,Karon		52,596
Hamoline,Rebecca		82,995
Hampton,Debra		85,013
Hanbidge,Helen		75,088
Hanna,Pamela		91,296
Hannah Paulhus,Joyce		122,738
Harder,Audrey		75,778
Hardes,Laurie		50,344
Harland,Adele		54,253
Harlingten,Leora		96,134
Harms,Shannon		93,002
Harper,Howard		63,803
Harper,Laura		77,952
Harrison,Garth		77,788
Harrison,Shelly		71,379
Hartter,Charlotte		78,201
Harvey,Tricia		96,430
Hasselberg,Leah		100,059
Haughian,Olivia		79,994
Haughian,Terrie		95,259
Haverslew,Lindsay		62,820
Hawkins,Naida		54,440
Haycock,Jacobi		102,875
Hayward,Kimberley		63,772
Head,Melanie		69,522
Hegg,Cheryl		53,862
Heidel,Kellie		96,211
Heidel,Lisa		79,221
Heidel,Michelle		96,967
Hein,Renee		95,354
Heinemann,Sarah		72,879

Personal Services (continued)

Heintz,Wendy	$	123,351
Heisler,Jordana		67,073
Heit,Tara		64,820
Henderson, Mendi-Lee		75,894
Herbel,Amie		68,617
Hettinger,Jody		95,345
Heystek,Jessica		73,100
Hiebert Sturrock,Lannis		87,693
Hiebert,Katherine		85,524
Higgins Kulpa,Leah		50,365
Highton,Karen		59,660
Hillaby,Vanessa		94,080
Hilsendager,Brent		77,845
Hines,Tyler		103,351
Hnatiw,Carrie		94,703
Hnatiw,Darryl		85,555
Hoganson,Mardelle		88,569
Holba,Barbara		85,131
Horn,Janice		100,524
Horpestad,Beverlie		76,628
Horrex,Susan		97,702
Horsman,Shelly		131,364
Horvath,Mitchell		66,179
Hotel,Robert		69,749
Houk,Valerie		64,403
How,Cindy		97,206
How,Ernie		122,653
Hrabinsky,Katelyn		77,842
Hritzuk,Celine		84,391
Huard, Catlin		79,113
Huard,Darlene		72,651
Huard,Patricia		83,714
Huber,Jodie		148,989
Huebert,Kristin		113,584
Hughes,Kelly		113,581
Hume,Louise		79,036
Humenny,Kendra		50,168
Hundeby,Jaime		78,371
Hunker,Kathy		96,587
Hupaelo,Jody		74,394
Hurley,Jay		84,892
Hurley,Katrina		70,131
Huxley,Adrienne		81,537
Hydukewich,Judith		83,535
Iberi,Obianuju		61,346
Idrees,Muhammad		57,687
Illingworth,Cherie		77,754
Illingworth,Connie		141,449
Ingram,Marlene		56,545
Inting, Jacinta		60,652
Ip Fung Chun,Roger		212,030
Iron,Shelly		73,858
Irwin,Jamie	$	96,096
Istvan,Elizabeth		65,903
Iturralde,Cecille		109,910
Iturralde,Jim		74,068
Iturralde,Lailani		113,907
Iverson,Darryl		79,958
Iverson,Saraya		72,339
Iwanchuk,Debbie		67,806
Jabil,Candie		83,616
Jack,Carmen		59,561
Jack,Jill		87,788
Jackson,David		118,941
Jackson,Sharon		102,329
Jacob,Linju		140,613
Jaegl, Michelle		82,226
Jaindl,Sharon		75,517
James,Catherine		68,388
Jamieson,Claudette		109,096
Jamieson,Valerie		69,676
Janzen,Ashley		84,592
Jeffrey,Evangelin		104,405
Jeffrey,Miles		103,148
Jeske,Angela		77,585
Jesse,Lorrieann		101,886
Jewell,Jennifer		79,052
John,Jomet		77,714
Johner,Maxine		80,863
Johnson,Brad		51,719
Johnson,Brook		81,160
Johnson,Jessica		75,997
Johnson,Kayelani		61,541
Johnson,Shanda		79,960
Johnston,Nancy		60,875
Jo-Molinar, Jean		64,593
Jones Mcgrath,Kendra		55,583
Jones,Gloria		95,651
Jordan,Theresa		59,887
Jorgenson,Patsy		103,033
Jose,Sunu		120,703
Joseph,Margaret		88,130
Joseph,Roshy		80,610
Joshi,Ankit		76,123
Joy,Megha		97,886
Juarez,Michael		89,001
Kachmarski,Don		58,131
Kadouri,Meriem		51,985
Kahpeaysewat,Annette		73,407
Kainberger,Carole		56,117
Kalk,Shayla		53,639
Kaltenborn,Vicki		104,655
Kalyn,Rhonda		70,582
Kalynchuk,Valarie		61,999

Personal Services (continued)

Kambeitz,Robyn	$ 51,781
Kanz,Bobbi	72,754
Kappel,Tami	50,621
Karambetsos,Yannis	69,032
Karay,Harrish	52,919
Kardynal,Dione	94,856
Karlson,Pamela	73,145
Karp,Deena	59,761
Karpluk,David	70,135
Kashuba,Pamela	68,891
Kaur,Rupinder	50,959
Kavalench,Donnelda	76,975
Kearnan,Jeffrey	50,301
Kearnan,Nancy	75,697
Kelch,Marie	122,702
Keller,Brandi	87,429
Kelly,Brenda	60,339
Kerluke,Laurena	65,484
Kern-Ali,Josie	74,990
Kettle,Lorne	95,590
Khabibulin,Rynat	78,682
Khan,Aurang	106,086
Kinchen,Tina	93,571
Kindrachuk,Karen	100,473
King,Gloria	208,129
Kingwell,Darlene	85,975
Kipp,Renee	73,447
Kirkland,Marianne	87,054
Kish-Cody,Sharon	64,810
Klassen,Jennifer	53,945
Klassen,Marlon	95,759
Klippenstein,Darcy	94,015
Klose,Jennifer	73,556
Klotz,Helen	51,491
Knibbs Bell,Rebecca	76,964
Knight,Jasmine	92,522
Knutson,Theresa	97,233
Ko,Sai	91,649
Kobsar,Merla	85,864
Koch,Lori	149,538
Kohl,Suzanne	69,002
Kohuch,Judy	101,783
Konlan,Binamin	102,735
Konzelman,Ailsa	122,159
Koopman,Joslyn	76,472
Kottekkaran,Jeeth Pau	55,336
Kotun,Laurie	97,903
Kovacich, Sherri L.	111,975
Kowalsky,Leanna	89,336
Kozinski,Chantal	50,789
Kozlowski,Koreen	68,358
Kozun,Ginelle	52,768
Kramer,David	$ 75,523
Kramm,Michael	77,768
Krepps,Denice	99,515
Kress,Jenessa	63,958
Krushelnitzky,Krista	93,324
Kube,Donna	67,393
Kuffner,Anne-Mari	93,579
Kuhmayer,Donna	54,506
Kulak,Terri Lyn	74,486
Kulczycki,Shandi	71,934
Kuntz,Coralie	77,955
Kuruvilla,Sineesh	65,982
Kvill,Holly	53,968
Kwong,Susie	50,791
Lab-As, Rufina	52,643
Lacendre,Dione	67,905
Lacoursiere,Chris	52,884
Lafleur,Tammy	74,274
Lafond,Allison	97,601
Lafreniere,Ceilidh	87,734
Lafreniere,Pamela	105,755
Lajeunesse,Ben	118,873
Lajeunesse,Kristinn	61,736
Laliberte,Charmane	64,594
Lalonde,Florence	85,077
Lalonde,Michelle	62,539
Lamm,Heather	79,753
Lamothe,Joseph	79,508
Lamoureux,Peggy	107,178
Landrie,Cynthia	104,030
Landstrom,Brittney	67,806
Laplante,Christina	73,845
Larsen,Judy	53,781
Larsen,Rebecca	73,763
Larson,Crystal	76,414
Larson,Melinda	59,914
Larsson,Kimberley	101,789
Latus,Bruce	52,052
Laurin,Carolyn	94,780
Lauritzen,Dianne	97,609
Lavallee,Regan	66,007
Laventure,Colleen	77,781
Lavoie,Gail	97,733
Lavoie,Lydia	55,773
Laws,John	64,988
Lay,Julia	62,527
Lebsack, Mona	52,141
Lecki,Darek	83,676
Ledon,Ann	51,006
Lee,Kathy	104,751
Leitner,Jean	96,548
Lenko,Hannah	53,685

Personal Services (continued)

Lepage,Charley	$	75,442
Lessard,Megan		101,655
Letwinetz,Bonnie		104,612
Leung,Ming Hei		60,258
Lewis,Linda		87,257
Lheureux,Betty		52,125
Light,Robyn		80,025
Lindain,Kristine		57,413
Lindquist,Laura		66,982
Lindquist,Murray		127,235
Lindquist,Randy		105,335
Lisko,Tamara		82,293
Lisoway,Jeanne		59,860
Locke,Lori		66,714
Lockhart,Ashley		51,992
Lockhart,Joyce		108,481
Loehndorf,Jenna		66,832
Loewen,Byron		96,933
Loewen,Cody		59,786
Loewen,Heather		63,964
Lofstrom,Cory		88,451
Lopez,Elizabeth		83,672
Loranger,Brittany		94,768
Lorenz,Sharon		76,768
Loveday,Marsha		104,958
Lu,Jiongyun		55,886
Luchka,Kenneth		62,395
Lukian,Rhonda		51,105
Luzny,Joshlyn		82,914
Lychak,Tremayne		75,878
Lynds,Dalmar		114,544
Lynds,Sarah		109,144
Lyon,Kelly		112,878
Lyons,Barry		88,646
Macdonald,April		80,924
Macdonald,Sydney		69,250
Macinnes,John		71,523
Macintyre,Todd		64,141
Mack,Shari		53,785
Mackinnon,Andrea		80,999
Mackrell,Ashton		84,768
Mackrell,Carol		103,288
Mackrell,Kristi		81,407
Macleod,Roy		130,834
Macnab,Brenda		63,428
Macnab,Joelle		65,713
Macnab,Ralph		97,306
Macnab,Sharon		84,671
Macpherson,Leree		80,467
Madayag,Faith		51,025
Makin,Rebecca		77,376
Malaran,Patsy		50,878

Malbeuf,Elaine	$	102,324
Malekoff,Debra		57,968
Maloney,Maria		93,436
Mamer,Theresa		65,055
Manegre,Nicole		68,080
Manegre,Sherri		96,152
Manglal-Lan, Maria		68,753
Mani,Mini		146,668
Mann,Devin		96,917
Marciniuk,Sherry		53,751
Marcoux,Jennifer		89,512
Marrows,David		62,791
Marshall,Nicole		89,279
Martens,Debbie		97,211
Martinson,Karen		105,781
Mason,Betty		92,147
Massey,Delia		58,309
Massie,Kaitlin		72,547
Mathew,Jeena		96,577
Mathias,Pancy		52,118
Matlock,April		67,783
Matzner,Stephanie		66,448
Maunula,Margaret		73,898
Mawbey,Brenda		67,846
Mayer,Jody		123,721
Mcaleer,Scott		67,137
Mcauley,Mallory		89,720
Mccallum,Della		51,385
Mccallum,Georgette		86,769
Mccann,Matthew		51,524
Mccarthy,Debbie		92,112
Mcclean,Chantel		94,409
Mcculloch,Jessica		74,803
Mcdonald,Carla		69,508
Mcdonald,Melanie		80,010
Mcfadyen,Mary Paig		53,352
Mcgee,Philip		74,328
Mcgillis,Barbara		80,355
Mcgillis,Erika		74,936
Mcgillivray,Lisa		91,490
Mchattie,Lauralee		52,154
Mcintyre,Darcy		94,899
Mcintyre,Raeanne		66,932
Mciver,Ronda		86,795
Mckay,Shirley		76,479
Mckee,Roberta		57,160
Mckeen,Michael		51,321
Mcknight,James		69,077
Mcknight,Paula		65,755
Mclaughlin,Marykate		75,796
Mcmaster,Sarah		78,241
Mcmaster,Teresa		74,558

Personal Services (continued)

Mcmillan,Dorothy	$	97,661
Mcmurphy,Melissa		97,119
Mcnamara,Sarah		93,000
Mcneil,Dana		154,395
Mcneill,Shawna		107,672
Mcphee,Candace		95,157
Mcphie,Sandabria		73,327
Mcwatters,Patricia		96,322
Meagher,Bailey		60,619
Meagher,Lisa		74,390
Mee,Brad		90,046
Meginbir,Rylan		55,961
Meier,Jarvis		57,561
Meier,Terry		87,461
Melchior,Jacquelin		66,654
Melling,Lynne		94,332
Meneses Lefebvre, Aurora		60,497
Menzel,Colleen		72,740
Menzel,Meaghan		52,952
Menzel,Natalie		54,750
Mercer,Meghan		65,962
Mercredi,Paula		75,786
Meszaros,Anita		74,346
Metlewsky,Michelle		94,792
Michaliew,Michelle		51,698
Michaud,Jeanne		87,402
Michaud,Therese		111,241
Michel,Leslie		52,543
Mickelson,Margaret		51,650
Milburn,Vanessa		74,001
Miller Marinier,Terrylynn		100,523
Miller,Alden		59,782
Miller,Derek		179,167
Miller,Jennifer		62,839
Milligan, Karen		78,546
Mills,Patricia		70,248
Minhas,Jayantika		53,857
Mirasty,Janessa		58,561
Mistry,Jasmit		69,120
Mitchell,Cheryl		122,653
Moebis,Heather		52,444
Moir, Tina		51,949
Momin,Nilofer		108,618
Monnich,Cornelia		63,336
Monsalve,Luisa		85,547
Moodley,Vanitha		83,063
Moore,Bailey		53,448
Moore,Cheryl		50,033
Moore,Leona		61,137
Moosomin,Anita		58,538
Morgenstern,Lila		52,053
Morgenstern,Ruth		79,550

Morin,Karleigh	$	65,189
Morin,Kristen		91,892
Morin,Roxanne		105,696
Morris,Ryan		78,105
Morrison,Rikki		63,569
Mudry,Sarah		95,448
Muhadar,Martin		78,080
Mulhall,Brad		76,684
Mullett,Kyla		59,864
Mungoshi,Kuda		70,676
Munn,Erin		80,242
Munn,Heather		79,048
Munroe,Frank		98,123
Muranetz,Patricia		57,787
Murphy,Debbie		74,078
Murray,Bruce		364,925
Muzyka,Sherrill		59,877
Myers,Kristal		85,525
Myrie,Huldah		75,606
Myszczyszyn,Debbie		105,130
Nachtegaele,Glenn		77,799
Nachtegaele,Lori		68,483
Nairn,Krista		63,938
Nash,Faith		86,126
Navarro,Lori		99,235
Nedelec,Sr. Evely		71,092
Neil,Garrett		94,771
Neil,Katherine		63,467
Nelson,Cheryl		69,411
Nelson,Donna		95,870
Nelson,Meghan		52,471
Nelson,Myriam		78,116
Neovard,Catherine		78,428
Neufeld,Charmayne		88,932
Newell,Shadale		80,223
Neyedly,Donna		51,987
Nguyen,Thu		87,584
Nielsen,Tracie		121,842
Nightingale,Merle		105,795
Niroula,Megh		78,176
Nixon,Brent		73,178
Nixon,Rhonda		77,275
Noeth,Sara		50,788
Nordell,Stacy		98,669
Norris,Teresa		93,331
Noyes,Lori		128,847
Nsungu,Mandiangu		276,647
Nunez,Mylene		52,332
Nyholt,Pamela		93,824
Nystrom,Dawn		113,250
Oberg,Keenan		74,551
Oborowsky,Jamie		73,511

Personal Services (continued)

Oborowsky,Michele	$	82,022
Oborowsky,Nicole		80,486
Oborowsky,Robyn		80,596
Obrien,Geoffrey		56,057
Obrien,Shea		72,571
Oddan,Irene		109,344
Oestreicher,Lacey		72,221
Okeefe,Rachelle		122,542
Olagunju,Oludare		81,106
Olenick,Glenna		68,606
Oliphant,Kendra		91,397
Oliver,Diane		51,120
Oliveros, Josephine		56,540
Olsen,Kim		52,249
Olsen,M Joanne		98,930
Olson,Patrick		62,860
Ong,Maricel		53,780
Opperman, Lori		61,910
Opperman,Erin		52,621
Oquinn,Jeanne		115,853
Orr,Robin		96,932
Ostapowich,Irene		126,296
Oster, Gail		54,979
Oster,Jeff		57,234
Otoole,Meghan		61,012
Ouellette,Keith		132,433
Ovens,Lucie		71,603
Oyewusi,Oyeniyi		96,699
Pablo, Ivony (Hazel)		58,445
Pacey,Lyall		74,326
Paddock,Anna		78,934
Palidwor,Marion		97,376
Panapasa,Lusia		80,243
Panton,David		71,560
Pardy,Kathryn		75,784
Park,Audrey		51,200
Parker,Monique		113,145
Parker,Scott		95,709
Parkinson,Crystal		50,283
Parrill,Cindy		119,312
Pashniak,Sandra		75,685
Patel,Hetal		50,095
Patel,Rakeshkum		65,426
Patterson,Rhonda		63,030
Pattinson,Leah		77,736
Pattugalan, Gina		54,383
Paylor,Lindsay		100,551
Pecua,Mary		97,906
Peek,Wilma		84,655
Pekas,Maribeth		103,453
Pembroke,Kristal		52,737
Penner,Kathleen		51,609
Peregrym,Angela	$	57,278
Perillat,Andrea		65,630
Perkins,Amber		55,778
Pernala,Karen		50,127
Perroux,Joanne		56,303
Perry,Carrie		75,984
Persaud, Ariane		95,597
Peters,Tannis		85,367
Peterson,Janet		94,482
Peterson,Krista		83,047
Pethick,Klinton		50,493
Petruk,Lue		52,992
Petryshyn,Brenda		103,893
Petten,Charmaine		51,018
Pham,Sara		57,445
Phillip,Timeka		98,609
Phommavong,Dur		99,871
Piatt,Justin		57,861
Piatt,Roger		83,663
Pidwerbeski,Janice		93,955
Pidwerbeski,Kelli		99,366
Pidwerbeski,Kristan		99,035
Piecharka,Brandy		54,442
Pierce Argue,Glenda		77,836
Pilot,Kailla		73,527
Pilsner,Alicia		102,293
Pitchko,Margaret		73,376
Pitman Fisher,Patricia		101,328
Plaza,Clark		50,733
Plaza,Hazel		50,659
Plummer,Pamela		114,172
Poffenroth,Paige		86,574
Poitras,Jacquelin		50,876
Pollard,Madison		69,824
Pollock,Stephen		88,254
Pong,Priscilla		67,294
Pototschnik,Meaghan		65,353
Potter,Murray		63,262
Poulsen,Ashley		52,781
Preece,Kristy		69,671
Preston,Colleen		118,482
Pretty,Monique		124,767
Primas,Randi		55,523
Pritchard,Beverly		52,423
Pritchett,Laura		50,180
Pronovost,Amy		84,460
Prosser, Linda Anne		57,369
Prosser,Courtney		54,097
Prost,Sarah		97,597
Proznick Fransoo,Vanessa		64,412
Prystupa,Richard		69,043
Prystupa,Stacy		61,582

Personal Services (continued)

Prystupa,Tracey	$	161,897	Ries,Alyssa	$	114,702
Purdy, Katie		104,942	Rindero,Gaylene		83,934
Pyle,Nathan		129,016	Rindero,Lynzie		121,983
Pylot,Brenda		67,767	Ring,Terry		80,864
Qing,Rebecca		80,627	Roach,Joyce		90,268
Quigley,Theresa		50,963	Roach,Michelle		51,141
Quinn,Mona		68,589	Robb,Kerri		72,975
Quist,Ronald		77,719	Robertson,Eileen		78,039
Racine,Carol		103,243	Robertson,Lindsay		137,895
Radchenko,Danielle		100,780	Robinson,Alice		121,843
Radom,Krista		54,068	Rochford,Kelly		95,960
Rafuse,Kristina		56,160	Rock-Hunchak,Rebecca		68,946
Rahm,Greg		65,057	Rodriguez,Mari		90,639
Rahm,Melanie		87,361	Roenspies,Melissa		89,352
Raiche Bogdan,Karen		97,167	Rogers,Corrinne		87,314
Raju,Robin		75,452	Rogers,Helen		59,395
Ramos, Grace		52,640	Rohovich,Carol		120,893
Ramos, Jonathan		60,456	Rokosh,Ashley		73,481
Ramos,Jhoanna		74,353	Rono,Summer		109,897
Rathke Kubik,Candace		108,979	Roorda,Kim		66,341
Rau,Robin		63,119	Roots,Margaret		55,134
Raw,Julie		90,206	Ross,Debra		78,239
Ray,Crystal		58,184	Ross,Genevieve		66,847
Ray,Presley		77,509	Ross,Heather		113,559
Raycraft,Jessica		60,882	Ross,Karen		99,716
Rea Buziak,Gina		72,524	Roszlein,Diane		132,998
Read,Brooklyn		81,608	Rotsey,Marilyn		96,884
Redix,Tony		97,365	Rousseau,Renee		54,430
Redlich,Rebecca		55,113	Roussel,Debbie		86,818
Reed,Donna		51,249	Rowe,Sarah		99,607
Reed,Kayla		86,139	Rowland,Mary		81,150
Regis-Bolah,Velma		55,103	Rowley,Kimberly		93,995
Reiber,Marnie		69,961	Roy,Jennifer		76,355
Reid,Yvonne		78,797	Runge,Adria		69,418
Reimer,Bruce		140,325	Rutley,Jodi		97,254
Reimer,Sheena Le		52,224	Rutley,Kerry		80,368
Reinhart,Cathy		105,190	Ruud,Jessica		70,478
Reis,Angelina		71,053	Sack,Jody		52,823
Reiter,Russell		91,881	Sack,Valerie		64,796
Rempel,Shelly		74,914	Sadcat,Antonia		53,393
Renaud,Helen		93,698	Saeed,Bilal		73,107
Renaud,Tera		56,276	Salewski,Jennifer		96,741
Restrivera,Erwina		51,694	Salus,Julie		69,484
Reyes,Ma Renely		50,143	Sample,Greg		55,787
Rhinehart,Brandi		50,647	Sandberg,Mandy		70,235
Rhinehart,Leanna		54,617	Sankey,Sharon		129,329
Rhinehart,Tina		61,647	Santos-Goller,Maryrose		56,878
Riat,Varinder		87,787	Sapp,Marlene		55,538
Ribey,Coleen		89,243	Sargent,Tim		64,933
Richard,Adrianne		93,601	Saulnier,Melissa		55,409
Richardson,Frank		66,091	Saunders,Tammy		90,118
Rideout,Rikki		85,609	Savoie,Dallas		127,755

Personal Services (continued)

Sawatzky, Kristen	$ 56,934
Sawatzky,Yvonne	95,939
Sayers,Chad	122,653
Schafer,Travis	75,678
Schlapkohl,Wayne	120,079
Schleibinger,Rhonda	83,716
Schneider,Allison	88,440
Schneider,Lucille	88,216
Scholl,Jennifer	85,065
Schommer,Donna	63,532
Schrempf,Melanie	66,827
Schussler,Kevin	57,133
Schussler,Tracey	51,981
Schwab,Chelsey	81,802
Schwartz,Gina	57,252
Scott-Olsen,Randa	104,771
Scrimbitt,Brianne	66,584
Sebastian,Gilsy	62,127
Secujski,Sonja	55,229
Seib,Donna	50,030
Selinger,Karen	101,733
Senger,Heather	96,340
Serfas,Stephanie	71,322
Sergent,Stacey	59,929
Seru,Alayne	53,801
Seru,Malakai	57,838
Seru,Mereamo	114,752
Servold,Brenda	76,701
Seward,Gillian	51,090
Sharma,Sandeep	105,702
Sheppard,Blair	74,081
Shkopich,Lori	55,436
Shortt, Brayden	79,008
Shynkaruk,Linda	121,843
Sibley,Nicole	88,546
Sieben,Dianne	75,777
Sieben,Tracy	93,645
Silbernagel,Roxanne	65,514
Simmons,Brenda	50,419
Simon, Leona	57,827
Simon,Curtis	109,508
Simon,Karen	124,558
Simoneau,Kathy	56,642
Sinclair,Dean	95,709
Sinclair,Jacinta	76,065
Sison, Fara	55,748
Skavlebo,Chelsea	76,143
Slager,Tammy	80,148
Sletten,Kristy	72,187
Sloan,Todd	56,725
Smart,Vikki	208,208
Smith,Brooke	57,404

Smith,Mitchel	$ 74,301
Sobus, Krista Lee	100,476
Sokalofsky,Kylie	78,176
Solis,Marika	119,345
Sonmor,Elaine	64,988
Sonnega,Lois	71,452
Soriano, Leah	63,934
Sorochan,Alexandra	72,573
Soubolsky,Amy	97,667
Southgate,Kari	60,461
Southgate,Shayna	58,794
Spence,Jod	50,591
Spence,Kayla	66,242
Spencer,David	113,282
Spencer,Donna	55,739
Spencer,Valarie	53,025
Spratt,Sheri	76,205
Squair,Laura	115,167
Sraybash,Karli	59,101
St Amant,Heather	57,524
Stade,Lauren	87,385
Staff,Larry	99,556
Staldeker, Debra	103,975
Stang,Jamie	60,038
Stapley,Christine	53,560
Starchief,Carrie	56,114
Startup,Ken	91,599
Steephen,Laly	52,472
Stein,Eleanor	71,454
Steinborn,Laura	109,064
Stemarie Rubletz,Arlene	53,135
Sterling,Charleen	80,589
Stevens,Danica	65,663
Stevenson,Roberta	68,180
Stieb,Marlene	54,831
Stieb,Morgan	94,752
Stoebich,Haley	103,428
Stoebich,Joanne	52,136
Stolte,David	112,747
Stone,Joel	68,192
Stoodley,Peter	75,410
Strueby,Gail	79,891
Stuski,Jodi	56,999
Suberlak,Rhonda	120,637
Sutherland,Debra	60,146
Svandrlik,Joleen	72,540
Swatschina,Kara	98,757
Sweeney,Tannis	65,918
Swerid,Cora	80,910
Swiftwolfe,Joanne	75,671
Sydoruk,Matthew	52,731
Sylvestre,Neal	142,406

Personal Services (continued)

Tait,Christine	$	79,679
Tallon,Brenda		64,961
Tan,Christian		93,000
Tan,Ning		56,372
Tarasoff,Lorna		58,945
Tarleton, Jennifer		75,584
Tatton,Lynnette		72,398
Taylor,Leanne		95,437
Tayo,Alden		133,867
Tayo,Sharihann		97,187
Tebay,Roberta		145,484
Tedrick,Warren		56,527
Teniuk,Pearl		54,393
Ternes,Ronald		181,042
Therrien,Carolyne		83,211
Thiele,Chris		136,264
Thomas,Joshua		65,959
Thompson,Carla Jea		51,928
Thompson,Laura		50,540
Thompson,Linda		66,178
Thompson,Tanya		75,780
Thorpe,Sheri		103,470
Tiegen,Michelle		57,153
Timbol,Dalmacio		53,628
Timbol,Veronica		60,626
Tkatchuk,Mark		54,128
Tkatchuk,Sheila		98,560
Toews,Celeste		113,449
Tokle,Heather		51,359
Tomiyama,Ethel		98,217
Tootoosis,Cheryl		55,039
Topia,Maricel		60,219
Torresan,Megan		59,762
Tota,Marie		87,127
Toupin,Rhonda		52,191
Tourond,Noreen		55,366
Toyonaga,Rachel		86,043
Tradewell,Kim		52,034
Trefry,Shelly		63,266
Treptow,Linda		57,968
Trew,Lorraine		86,755
Trotchie,Wendy		90,716
Tupper,Sarrah		62,146
Turcotte,Brenda		97,720
Turcotte,Michelle		72,794
Turgeon,Michelle		98,129
Turnbull,Sandra		66,346
Turton,Perry		53,290
Tyler,Samantha		50,030
Van Der Merwe,Lynette		114,769
Van Metre,Brittney		68,026
Van Nortwick,Linda		94,765

Vanegas-Ortegon,Paula	$	63,297
Vany,Angele		60,986
Vany,Camelia		84,493
Varghese,Legi		92,445
Vaters,Linda		85,465
Veikle,Anita		64,526
Velasco,Michaela		62,999
Verleun,Jeff		78,098
Villasan,Gilda		50,546
Villeneuve,Carla		74,356
Villeneuve,Chelsy		85,532
Voigt,Kerilyn		96,996
Wagner, Stacey		84,484
Wagner,Ellen		60,288
Wald,Melanie		55,643
Walker,Karin		60,467
Wall,Tonia		75,932
Wall,Yvonne		86,153
Wallace,Lucy		103,497
Wallace,Tanya		63,985
Walz,Kristin		123,310
Wang, Meisu		53,353
Wang,Vicki		76,001
Wangler,Dakota		52,703
Waning,Ashley		91,316
Warren,Chris		100,350
Warren,Rochelle		94,415
Wasson,Lorraine		84,356
Wasyliw,Shelley		121,554
Waters,Patricia		85,465
Watson,Davin		53,371
Watson,Donna		107,449
Watson,Oliva Oth		50,787
Watt,Anne		93,717
Watt,William		101,594
Wawrykowych,Tim		57,642
Weber,Bonnie		89,004
Weber,Daneen		67,169
Wegner,Leonard		113,848
Wegner,Sarah		60,320
Weibel Macnab,Janice		50,516
Weikle,Mireille		99,652
Weinmeister,Kennedy		71,303
Weiseth,Jordan		64,529
Weitzel,Dianne		74,453
Weitzel,Melissa		79,974
Wells,Rebecca		55,627
Welwood,Lola		67,148
Weninger,Janessa		92,460
Weninger,Leah		57,233
Wentworth,Joan		105,554
Weppler,Darlene		97,493

Personal Services (continued)

Westfall,Kerry	$ 75,115
Weum,Danielle	75,743
Whelan,Patrick	80,911
Whitehead Pauls,Laurel	82,106
Whittle,Kevin	107,148
Whitton,Charlotte	103,932
Whyte,Claudette	54,393
Whyte,Sheila	99,723
Wick,Cindy	54,527
Wicker, Victoria	60,775
Widmeyer,Annette	58,100
Wiebe,Kaitlin	74,320
Wiens,Gina	70,642
Wiens,Stacey	56,304
Wierzbicki,Nyle	78,097
Wiese,Megan	91,880
Wilford,Loucinda	95,748
Wilkes,Michelle	60,278
Williams,Dinah	55,216
Williams,Tammy	77,531
Williams,Tyson	51,436
Williamson,Donna	102,349
Winterhalt,Blaine	94,841
Winterhalt,Deana	66,375
Winterhalt,Dellyn	75,312
Winterhalt,Karlee	77,747
Wintersgill,Tracy	55,772
Wolfe,Anita	53,700
Woloski,Roy	83,829
Wood,Bonnie	50,576
Wood,Candace	51,254
Wood,Faye	$ 70,069
Wood,Guelda	65,556
Woodworth,Kent	80,101
Workman,Jennifer	94,545
Worms,Jordyn	73,892
Worthing,Lori	114,504
Woytiuk,Andrew	79,680
Woytowich,Ben	57,744
Wright,Christine	108,872
Wright,Melissa	53,599
Wyatt,Linda	58,750
Wynne,Rosalie	60,133
Yakiwchuk,Bonnie	58,670
Yaremy,Lindsay	76,345
Ybanez,Kirby	52,462
Yelland,Bernadett	95,661
Yeung,Heather	100,155
Yeung,Jacky	116,501
Yon,Leeann	55,073
Yonan,Monica	97,575
Youden,Deborah	77,704
Younghans,Marilyn	111,788
Yuen,Wai	79,784
Yushchyshyn,Lisa	118,422
Zawadke,Jovina	50,085
Zinger,Ronda	92,727
Znack,Cara	83,342
Znack,Kelsey	95,442
Zou,Hongyu	81,490
Zwarych,Joan	53,431

Supplier Payments

Listed are payees that received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

101247543 Saskatchewan Ltd.	$ 56,070
3Shealth (Eft)	12,049,317
Abbott Laboratories Ltd	80,126
Abbvie Corporation	92,003
Acklands Ltd **Ghx Acc	68,308
Advanced Electronic Solutions	224,134
Alberta Blue Cross	61,575
Alcon Canada Inc	324,751
Amt Electrosurgery	64,351
Ari Financial Services Inc (Eft)	1,190,039
Arjohuntleigh Canada Inc	218,857
Assoc Health Systems Inc	65,679
Aupe	83,547
Bard Canada Inc	230,480
Battle River Treaty 6 Health Cen	88,229
Baxter Corporation	278,160
Bayer Inc	124,997
Beckman Coulter Canada Lp	97,789
Bee J'S Office Plus	100,381
Beland Hauling Ltd. (Eft)	219,683
Billy'S Plumbing & Heating Ltd.	272,915
Biomed Recovery And Disposal	228,586
Biomerieux Canada Inc	140,787
Bio-Rad Laboratories	116,475
Bomimed	144,212
Boston Scientific Ltd	50,258
Bracco Imaging Canada	103,813
Bryngelson & Associates Inc	113,612
Bunzlcanada Ltd	172,429
Can Corps Of Commissionaires	219,115
Cardinal Health Can Inc.	1,474,504
Carestream Health Canada Co	144,828
Carl Zeiss Canada	111,431
Centennial Foodservice	156,288
Cherry Insurance	63,685
Chief Medical Supplies Ltd.	88,615
Christie Innomed	133,089
City Of Lloydminster	279,642
City Of North Battleford (Eft)	360,348
College Of American Pathologists	52,875
Conmed Canada	210,501
Covidien Canada Ulc	746,871
Cpdn/Rcdp	641,964
Crestline	199,591
Csi Leasing Canada Ltd.	302,841
Cuets Financial	81,372
Cupe Local 5111	1,559,101

Dcg Philanthropic Services Inc.	$ 162,225
Dell Canada Inc.	80,138
Direct Energy Business (Calgary)	161,369
Direct Energy Business Services	157,650
Draeger Medical Canada Inc	97,247
Dynalife Dx	90,487
Ehealth Saskatchewan	798,180
Enmax	122,527
Fisher Scientific	63,153
Flame Tech Services 2000	54,827
Geanel Restaurant Supplies	107,477
Golden Opportunities Fund Inc.	147,937
Gordon Food Services	261,250
Grand & Toy	216,967
Great West Life Assurance Co	1,054,809
Health Benefit Trust Of Alberta	398,949
Health Sciences Association	249,480
Healthmark Ltd	69,527
Hologic Canada Ltd	100,810
Home Hardware (N B'Ford)	54,462
Hospira Healthcare Corporation	1,077,730
Hwy 40 Health Holdings (Eft) (RM Cut Knife)	63,620
Instrumentation Laboratory	351,379
Johnson & Johnson Medical Prod	719,781
Johnson Control Saskatoon	81,152
Karl Storz Endoscopy Canada Ltd	121,861
Kci Medical Canada Inc	135,566
Keir Surgical Ltd	54,590
Kemsol Products Ltd	63,662
Leica Microsystems (Canada) Inc	179,040
Leica Microsystems (Canada) Inc	168,507
Linde Canada Limited	58,487
Loraas Environmental Services	112,351
Luk Plumbing & Heating Ltd.	73,820
Macpherson Leslie & Tyerman	80,681
Marsh Canada Ltd	386,758
Mcdougall Gauley-Barristers	106,411
Mckesson Canada Corporation	1,766,325
Mckesson Distribution Partners	297,109
Medical Mart West	56,306
Medisolution (2009) Inc.	198,325
Medtronic Of Canada	128,457
Minister Of Finance (General)	70,389
Minister Of Finance (Pst)	51,664
Ministry Of Central Services	281,070
Mitel Networks	67,068
Modern Janitorial Sales & Serv	87,271

Supplier Payments (continued)

Multisource Group	$	72,167
N.B Elevator Service Inc		56,961
Nicole Enterprises Inc		176,561
Olympus Canada Inc		251,769
Ortho-Clinical Diagnostics Cda		365,380
Oxoid Company		144,179
Pacific Fresh Fish Ltd		87,182
Paladin Security Group Ltd.		83,017
Patients' Vocational Incentive		172,114
Pentax Medical		145,793
Philips Healthcare		767,628
Philips Healthcare		59,013
Prairie Meats		300,817
Pratts Food Service		374,122
Public Employee Pension Plan		777,342
Quik Pick Waste Disposal		53,013
Radiology Consultants Assoc		95,000
Rbm Architecture Inc		50,997
Receiver General For Canada		48,296,159
Receiver General For Canada (Ccr		2,318,487
Registered Psychiatric Nurses-Sk		58,111
River City Plumbing & Heating		79,206
Roche Diagnostics		723,402
Saputo		347,205
Schaan Healthcare Products		2,220,577
Select Medical Connections Ltd.		554,086
Sgi (North Battleford)		131,711
Shell Energy North America (Can)		235,431
Shepp (Eft)		21,908,857
Sk Energy - Twin Rivers		102,623
Sk Energy (Eft)		264,926
Sk Energy (M Lake)		100,394
Sk Power - Lloyd		438,837
Sk Power - Twin Rivers		293,634
Sk Power Co (N B'Ford) (Eft)		936,833
Sk Power Corporation		372,388
Sk Registered Nurses Assoc		288,311
Sk Tel (Lloyd)		240,268
Sk Tel (N B'Ford)		473,036
Sk Tel (Twin Rivers)		76,053
Sk Telecommunications		129,043
Skyline Refrigeration (2010) Ltd		81,044
Sma Rural Relief Program		54,000
Smiths Medical Canada Ltd		97,234
Southmedic Inc		56,764
Steris Canada Inc		157,352
Stevens Company Limited		460,266
Stryker Canada		296,876
Sun		764,812
Sysco - Food Orders - 3Shealth Contract		796,957
Sysco (Edmonton)		691,129
Sysco (Winnipeg) - Cps Contract	$	505,204
Sysmex Canada Inc		82,322
Teleflex Medical Canada Inc.		64,049
Toshiba Canada Medical Systems		88,000
Trudell Medical		101,568
Turtleford & District Co-Op		53,747
Us Water Services		52,737
Van Houtte Coffee (S'To		86,037
Vantage Chartered Prof(Odishaw)		73,700
Veritiv Canada, Inc. (Unisource Canada Inc)		244,356
Vital Aire (Saskatoon)		150,827
Vwr International,Ltd		86,163
Wbm Office Systems		860,270
Wcb Ab		151,263
Wcb-Sk		2,233,139
Weston Bakeries Limited		68,127
Wood Wyant Canada Inc.		195,716
Zimmer Biomet Canada Inc.		261,658

Transfers

Listed, by program, are transfers to recipients that received $50,000 or more.

B'Ford Family Health (Eft)	$	1,231,791
B'Ford Physiotherapy (Eft)		97,692
Can Mental Health Ass-Nb (Eft)		293,834
Children First Child Care (Eft)		524,612
Edwards Society Inc (Eft)		440,082
Libbie Young Centre Inc (Eft)		549,779
Maidstone Medical Clinic (Eft)		215,100
Marshall's Ambulance (Eft)		943,995
Md Ambulance Care Ltd		545,975
Meadow Lake Assoc Clinic (Eft)		400,000
N B'Ford Medical Clinic (Eft)		530,585
North Sk River Municipal (Eft)		333,372
Points West Living Lloyd (Eft)		2,578,703
Thorpe Recovery Ctr (Eft)		563,160
Villa Pascal (Eft)		2,864,915
Village Of Goodsoil (Eft)		67,500
Wpd Ambulance (Eft)		2,238,256
Wpd Lloydminster Ambulance(Eft)		585,059

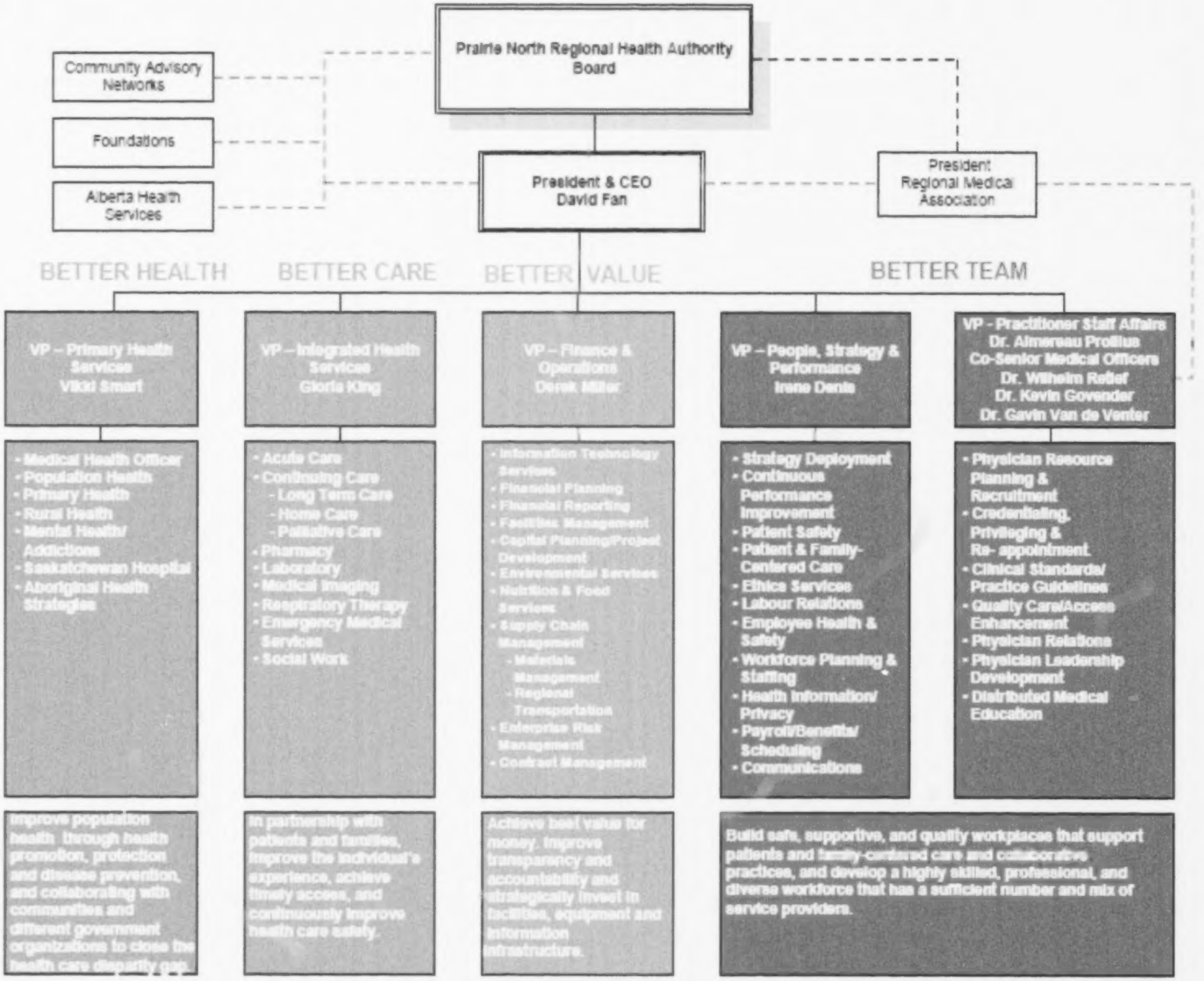
Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Abdulla, Dr Agiela M. K. (Eft)	$ 66,328
Akande, Dr Tinuola (Eft)	366,997
Akerman, Dr Mark J Business(Eft)	66,227
Akinloye, Dr Olusegun (Eft)	72,083
Alheit, Dr B (Eft)	125,775
Anees, Dr Muhammad (Eft)	88,067
Antonio, Dr. Afolabi (Eft)	70,850
Babkis, Dr Andrey (Eft)	301,281
Bairagi, Dr N (Eft)	462,109
Barnett, Dr. Michael (Eft)	179,388
Bekker, Dr. Leon (Eft)	498,434
Botha, Dr Mj (Eft)	56,641
Bushidi, Dr. Mbuyu (Eft)	264,279
Campbell, Dr. Patricia (Eft)	311,142
Cohen, Dr. Cindi (Eft)	64,807
Corbett, Dr M (Eft)	83,368
Craib, Dr Gordon (Eft)	70,932
Dato, Dr. Virgil (Eft)	282,579
Delainey, Corinne (Eft)	84,395
Desjardins, Dr Natasha (Eft)	198,887
Devilliers, Dr Jean P (Eft)	335,889
Dirks, Dr Elsje (Eft)	245,822
Du Plessis, Dr Hendrik (Eft)	461,394
Duncan, Dr D (Donnachaid) Eft	442,788
Dunhin, Dr Anneme (Eft)	159,208
Eagles, Dr Valencia (Eft)	219,605
Ejezie, Dr Okechukwu (Eft)	363,571
Engelbrecht, Dr Frederik (Eft)	660,576
Epp, Dr Rebecca (Eft)	270,336
Ezumah, Dr Celestine (Eft)	91,566
Fadare, Dr Kayode (Eft)	56,450
Faki, Dr Maqsood (Eft)	99,059
Govender, Dr K (Eft)	50,100
Greyling, Dr. P J (Eft)	148,930
Grobler, Dr Andre (Eft)	213,684
Gusztak, Dr Lewko (Eft)	145,599
Hamilton, Dr. Erin (Eft)	252,290
Hesselson, Dr Jp (Eft)	59,121
Holtzhausen, Dr P (Eft)	109,741
Ho-Yee, Dr Ruschka Farrah (Eft)	255,145
Johnson, Dr J C(Eft)	360,761
Kamar, Dr. Ahmed (Eft)	304,314
Khurana, Dr Mc (Eft)	72,811
Kostic, Dr Zlatko (Eft)	71,823
Kreiser, Francis (Eft)	61,690
La Cock, Dr Mari (Eft)	164,732
Labrador Febles, Dr J A (Eft)	76,018
Langeni, Dr Msikazi (Eft)	249,357
Loden, Dr Stephen (Eft)	416,038
Loots, Dr Leani (Eft)	$ 167,548
Louw, Dr Roelf (Eft)	50,177
Marcelo, Dr M (Eft)	110,940
Martin, Dr Robert James (Eft)	166,620
Mehboob, Dr Mohammad (Eft)	764,772
Melonas, Dr Christopher (Eft)	110,577
Meyer, Dr Clinton (Eft)	514,466
Mikhail, Dr Sherif (Eft)	370,483
Mohamed, Dr.M.A. (Eft)	87,103
Mojtahedi, Dr. Khatereh (Eft)	284,814
Morissette, Dr. Renee (Eft)	106,248
Mpomposhe, Dr. Sisanda (Eft)	271,270
Naidu, Dr Kubendra (Eft)	117,995
Nwachukwu, Kingsley Dr.(Eft)	418,534
Obikoya, Dr Olubankole (Eft)	422,698
Odiegwu, Dr Nneka P (Eft)	176,299
Ogunlewe, Dr. Obafemi (Eft)	55,581
Ogunsona, Dr Adeoluwa (Eft)	436,154
O'Keeffe, Dr. Patrick (Eft)	84,009
Oshodi, Dr. Abiola (Eft)	57,958
Perkins, Aaron (Eft)	69,029
Prollius, Dr A (Eft)	208,449
Prystupa, Dr Aaron (Eft)	232,324
Reddy, Dr Dhanasagren (Eft)	53,177
Retief, Dr Malcolm Wilhelm (Eft)	557,485
Salawu, Dr. Akeem (Eft)	328,993
Sedlakova (Goudreau), Dr Anna (Eft)	51,866
Seguin, Dr Aimee (Eft)	220,526
Shinyanbola, Dr.Olafimihan (Eft)	65,375
Shokeir, Dr Marc O (Eft)	425,346
Spangenberg, Dr Df (Eft)	309,034
Stander, Dr I (Eft)	237,824
Stevens, Dr James (Eft)	161,812
Steyn, Petrus A (Eft)	173,041
Sullivan, Dr. Erin (Eft)	203,208
Takla, Dr. Sherief (Eft)	88,170
Tayebivaljozi, Dr. Reza (Eft)	166,188
Terracap Investments (Eft)	373,316
Theron, Dr Salomine (Eft)	112,891
Tootoosis, Dr Janet (Eft)	164,957
Truter, Dr Rene (Eft)	146,715
Tshatshela, Dr. Mzikayise (Eft)	250,941
Van De Venter, Gavin (Eft)	491,724
Vandermerwe, Dr Braham (Eft)	98,175
Vandermerwe, Dr Ivann (Eft)	156,483
Vandermerwe, Dr. Anna S (Eft)	201,772
Vandermerwe, Dr. Dirk J (Eft)	200,179
Vetter, Ruth (Eft)	63,189
Viljoen, Annette (Eft)	166,375
Viljoen, Dr Hofmeyr (Eft)	121,865
Viviers, Dr W (Eft)	379,931
Weeratunga, Dr. B (Shan) (Eft)	239,416
Wilhelm, Dr R. Leonard	93,000
Yen, Dr Tin-Wing (Eft)	96,487

Appendix B - PNRHA Organizational Chart

As of March 31, 2017


Prairie North Regional Health Authority Board
Community Advisory Networks
Foundations
Alberta Health Services
President & CEO David Fan
President Regional Medical Association
BETTER HEALTH
BETTER CARE
BETTER VALUE
BETTER TEAM
VP – Primary Health Services Vikki Smart
VP – Integrated Health Services Gloria King
VP – Finance & Operations Derek Miller
VP – People, Strategy & Performance Irene Denis
VP - Practitioner Staff Affairs Dr. Almereau Prollius
Co-Senior Medical Officers Dr. Wilhelm Retief Dr. Kevin Govender Dr. Gavin Van de Venter
- Medical Health Officer
- Population Health
- Primary Health
- Rural Health
- Mental Health/ Addictions
- Saskatchewan Hospital
- Aboriginal Health Strategies
- Acute Care
- Continuing Care
- Long Term Care
- Home Care
- Palliative Care
- Pharmacy
- Laboratory
- Medical Imaging
- Respiratory Therapy
- Emergency Medical Services
- Social Work
- Information Technology Services
- Financial Planning
- Financial Reporting
- Facilities Management
- Capital Planning/Project Development
- Environmental Services
- Nutrition & Food Services
- Supply Chain Management
- Materials Management
- Regional Transportation
- Enterprise Risk Management
- Contract Management
- Strategy Deployment
- Continuous Performance Improvement
- Patient Safety
- Patient & Family-Centered Care
- Ethics Services
- Labour Relations
- Employee Health & Safety
- Workforce Planning & Staffing
- Health Information/ Privacy
- Payroll/Benefits/ Scheduling
- Communications
- Physician Resource Planning & Recruitment
- Credentialing, Privileging & Re- appointment.
- Clinical Standards/ Practice Guidelines
- Quality Care/Access Enhancement
- Physician Relations
- Physician Leadership Development
- Distributed Medical Education

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health care disparity gap.

In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve health care safety.

Achieve best value for money. Improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

Build safe, supportive, and quality workplaces that support patients and family-centered care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

Appendix C - PNRHA Facilities and Sites

Following is a list of the separate facilities and sites owned and/or operated by Prairie North Regional Health Authority. Numerous programs and services are available in each of the sites. Total bed numbers for each care facility are sourced from PNRHA's Key Indicator Statistics report as of March 31, 2017.

Two Regional Hospitals:

Battlefords Union Hospital, North Battleford	66 beds
plus Battlefords Mental Health Centre	22 acute mental health beds
Lloydminster Hospital, Lloydminster	66 beds

One District Hospital:

Meadow Lake Hospital, Northwest Health Facility, Meadow Lake	32 beds

Two Community Hospitals with attached Special Care Homes:

Maidstone Health Complex, Maidstone	37 beds
Riverside Health Complex, Turtleford	31 beds

One Provincial Psychiatric Rehabilitation Hospital:

Saskatchewan Hospital, North Battleford	156 beds

Two Health Centres:

Manitou Health Centre, Neilburg
Paradise Hill Health Centre, Paradise Hill

Five Health Centres with Attached Special Care Homes:

Cut Knife Health Complex, Cut Knife	30 beds
Lady Minto Health Care Center, Edam	20 beds
L. Gervais Memorial Health Centre, Goodsoil	17 beds
Loon Lake Health Centre & Special Care Home, Loon Lake	13 beds
St. Walburg Health Complex	32 beds

Seven Special Care Homes:

Battlefords District Care Centre, Battleford	117 beds
Dr. Cooke Extended Care Centre, Lloydminster	50 beds
Jubilee Home, Lloydminster	50 beds
Lloydminster Continuing Care Centre	60 beds
Northland Pioneers Lodge, Meadow Lake	54 beds
River Heights Lodge, North Battleford	98 beds
Villa Pascal, North Battleford (Affiliate)	38 beds

Seven Main Primary Health Care sites and Seven Satellite PHC Sites

Battlefords Family Health Centre (in partnership with Battle River Treaty 6 Health Services)
Primary Health Centre, Frontier Mall, North Battleford
Twin City Medical Clinic PHC & Walk-In Services, North Battleford - supporting Cut Knife & Neilburg
Meadow Lake Primary Health Centre, Meadow Lake - supporting Goodsoil & Loon Lake
Prairie North Health Centre, Prairie North Plaza, Lloydminster - supporting Onion Lake
Maidstone Primary Health Clinic - supporting Paradise Hill
Turtleford Primary Health Clinic - supporting Edam, Glaslyn and St. Walburg

Four Community Health Services sites

Community Health Services Building, Lloydminster
Prairie North Plaza, Lloydminster
Don Ross Centre location, North Battleford
Lashburn Home Care Office

One Mental Health Services Transition Home:

Donaldson House, North Battleford

One Addictions Treatment Centre:

Hopeview Residence, North Battleford

Appendix D - How to Contact Us

Prairie North Health Region

Corporate Office - Battlefords

Battlefords Union Hospital - Main Floor
1092 - 107 Street
North Battleford, SK
S9A 1Z1

Phone: (306) 446-6606
Fax: (306) 446-4114

Lloydminster Office

Lloydminster Hospital - Main Floor
3820 - 43 Avenue
Lloydminster, SK
S9V 1Y5

Phone: (306) 820-6181
Fax: (306) 825-9880

Meadow Lake Office

Northwest Health Facility - Second Floor
#1 - 711 Centre Street
Meadow Lake, SK
S9X 1E6

Phone: (306) 236-1550
Fax: (306) 236-5801

Hospitals

Battlefords Union Hospital	306-446-6600
Lloydminster Hospital	306-820-6000
Maidstone Health Complex	306-893-2622
Meadow Lake Hospital	306-236-1500
Riverside Health Complex, Turtleford	306-845-2195

Psychiatric Rehabilitation Hospital

Saskatchewan Hospital North Battleford	306-446-6800

Health Centres

Manitou Health Centre, Neilburg	306-823-4262
Paradise Hill Health Centre	306-344-2255

Health Centres/Special Care Homes

Cut Knife Health Complex	306-398-4718
Lady Minto Health Care Center, Edam	306-397-5560
L. Gervais Memorial Health Centre, Goodsoil	306-238-2100
Loon Lake Health Centre & Special Care Home, Loon Lake	306-837-2114
St. Walburg Health Complex	306-248-3355

Long-Term/Special Care Homes

Battlefords District Care Centre, Battleford	306-446-6900
Dr. Cooke Extended Care Centre, Lloydminster, AB	780-871-7900
Or	306-820-5970
Jubilee Home, Lloydminster, SK	306-820-5950
Lloydminster Continuing Care Centre	780-874-3900
Northland Pioneers Lodge, Meadow Lake	306-236-5812
River Heights Lodge, North Battleford	306-446-6950
Villa Pascal (Affiliate), North Battleford	306-445-8465

Primary Health Care Clinics

Battlefords Family Health Centre, North Battleford	306-937-6840
Cut Knife	306-398-2301
Edam	306-397-2334
Glaslyn	306-342-2250
Goodsoil	306-238-2020
Loon Lake	306-837-2066
Maidstone	306-893-2689
Meadow Lake	306-236-5661
Neilburg	306-823-4262
Paradise Hill	306-344-2255
Pierceland	306-839-4630
Prairie North Health Centre, Lloydminster	306-820-5997
Primary Health Centre North Battleford Medical Clinic	306-445-4415
St. Walburg	306-248-3434
Turtleford	306-845-2277

Appendix D - How to Contact Us *(continued)*

Home Care

Battlefords		**306-446-6445**
Cut Knife	306-398-2296 or	306-446-6445
Edam	306-845-2195 or	306-446-6445
Neilburg/Marsden	306-823-4554 or	306-446-6445
Paradise Hill		306-344-2255
St. Walburg		306-248-6723
Turtleford		306-845-2195
Lloydminster		**306-820-6200**
Lashburn		306-285-4210
Maidstone	306-893-2622 (ext. 7101)	
Meadow Lake		**306-236-1595**
Goodsoil/Pierceland		306-236-1595
Loon Lake		306-236-1595

Mental Health & Addictions Services

Battlefords	306-446-6500
Lloydminster	306-820-6250
Meadow Lake	306-236-1580
Child & Youth Services, North Battleford	306-446-6555
Saskatchewan Hospital	306-446-6858

Population (Public/Community) Health Services

Primary Health Centre, North Battleford	306-446-6400
PNHR Don Ross Centre site, North Battleford	306-446-5888
Prairie North Plaza site, Lloydminster	306-820-6120
Community Health Services Building, Lloydminster	306-820-6225
Maidstone Health Complex	306-893-2622
Northwest Health Facility, Meadow Lake	306-236-1570

Rehabilitation/Therapy Services

Battlefords Union Hospital	306-446-6574
Primary Health Centre, North Battleford	306-446-6400
Dr. Cooke Extended Care Centre, Lloydminster	780-871-7918
Jubilee Home, Lloydminster	306-820-5954
Lloydminster Hospital	306-820-6055
Northwest Health Facility, Meadow Lake	306-236-1570
Meadow Lake Hospital	306-236-1530
Riverside Health Complex, Turtleford	306-845-2900

Telehealth

Battlefords Union Hospital	306-446-6699
Lloydminster Hospital	306-820-6103
Northwest Health Facility, Meadow Lake	306-236-1545

Quality of Care Coordinators

Battlefords, Cut Knife, Edam & Maidstone	306-446-6054
Lloydminster, Neilburg, Paradise Hill & Turtleford	306-820-6177
Meadow Lake, Goodsoil, Loon Lake, & St. Walburg	306-236-1558

Walk-In Primary Health Care Services

Prairie North Health Centre Lloydminster	306-820-5997
Twin City Medical Clinic, North Battleford	306-446-8440

HealthLine 811

HEALTHLINEONLINE.CA

Appendix E - Acronyms & Glossary of Terms

AAT	Aboriginal Awareness Training
AB	Alberta
AC	Accreditation Canada
ACLS	Advanced Cardiac Life Support
ADP	Adult Day Program
ADT	Admission, Discharge, Transfer
AHS	Alberta Health Services
AIDS	Acquired Immune Deficiency Syndrome
ALC	Alternate Level of Care
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMGITS	'Stigma' backwards - SHNB Auxiliary
APP	Access Prairies Partnership
aPTT	Activated Partial Thromboplastin Time
ASD	Autism Spectrum Disorder
ASOS	Alzheimer Society of Saskatchewan
AUPE	Alberta Union of Provincial Employees
A3	Planning tool template

BCP	Business Continuity Plan
BDCC	Battlefords District Care Centre
BFHC	Battlefords Family Health Centre
BMHC	Battlefords Mental Health Centre
BRT6HS	Battle River Treaty 6 Health Services
BUH	Battlefords Union Hospital
BUHF	Battlefords Union Hospital Foundation

CAD	Coronary Artery Disease
CAN(s)	Community Advisory Network(s)
CBA	Collective Bargaining Agreement
CBO	Community-Based Organization
CDI	Clostridium Difficile
CDM	Chronic Disease Management
CDM-QIP	Chronic Disease Management - Quality Improvement Program
CDT	Central Daylight Time
CEC	Collaborative Emergency Centre
CEO	Chief Executive Officer
CEP	Capital Equipment Plan
CHAN(s)	Community Health Advisory Network(s)
CI	Critical Incident
CLXT	Combined Laboratory & X-Ray Technologist
CME	Continuing Medical Education
CMHA	Canadian Mental Health Association
CMHC	Canada Mortgage & Housing Corporation
CMP	Capital Management Plan
COPD	Chronic Obstructive Pulmonary Disease
COPS	Community Oncology Program of Saskatchewan
COSR	Client Occurrence Safety Report
Co-SMO	Co-Senior Medical Officer
CPR	Cardio Pulmonary Resuscitation
CPR™	Clinical Practice Redesign™
CQI	Continuous Quality Improvement
CSA	Canadian Standards Association
CSQI	Continuous Safety & Quality Improvement
CSQI-RM	Continuous Safey & Quality Improvement - Risk Management
CST	Central Standard Time
CT	Computed Tomography
CTAS	Canadian Triage & Acuity Scale
CUPE	Canadian Union of Public Employees
CVA	Central Vehicle Agency
C&Y	Child & Youth (Services)

DCECC	Dr. Cooke Extended Care Centre
DI	Diagnostic Imaging
DM	Diabetes Mellitus
DME	Distributed Medical Education
DVM	Daily Visual Management

ECP	Early Childhood Psychology
ED	Emergency Department
EFAP	Employee & Family Assistance Program
eHR	Electronic Health Record
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ENT	Ear, Nose & Throat (Otolaryngology)
ERP	Enterprise Resource Planning
ESP	Employee Scheduling Program

FASD	Fetal Alcohol Spectrum Disorder
FIT	Fecal Immunochemical Test
Four 'Betters'	Better Health, Better Care, Better Value, Better Teams
FP	Family Practitioner

Appendix E - Acronyms & Glossary of Terms (continued)

FTE	Full-Time Equivalent
GI	Gastrointestinal
GO	Gateway Online
GP	General Practitioner
HAI	Healthcare Associated Infection
HC	Home Care
HCO	Health Care Organization
HEP C	Hepatitis C
HF	Heart Failure
HICS	Health Incident Command System
HIV	Human Immunodeficiency Virus
HQC	Health Quality Council
Hoshin	Breakthrough initiative (Japanese term)
Hoshin Kanri	A strategic planning approach (Japanese term meaning 'pointing the direction')
HR	Human Resources
HSAS	Health Sciences Association of Saskatchewan
HSEP	Home Support Exercise Program
HVAC	Heating, Ventilation & Air Conditioning
ICU	Intensive Care Unit
IDBR	Interdisciplinary Bedside Rounding
INR	International Normalize Ratio
IPC	Infection Prevention & Control
IPCC	Infection Prevention & Control Coordinator
IT	Information Technology
IT/IM	Information Technology/Information Management
IV	Intravenous
JSA	Job Safety Analysis
Kaizen	Continuous Improvement (Japanese term meaning 'change for the better')
Kanban	A sign or signal - a means of automatically signaling when new parts, supplies or services are needed
KIS	Key Indicator Statistics
KYHR	Keewatin Yatthé Health Region
KYRHA	Keewatin Yatthé Regional Health Authority

LCCC	Lloydminster Continuing Care Centre
Lean	A system focused on eliminating waste and increasing value-added work
LH	Lloydminster Hospital
LILT	Lean Improvement Leaders Training
LOCUS	Level of Care Utilization System
LPN	Licensed Practical Nurse
LTDO	Long Term Detention Order
LOS	Length of Stay
LRHF	Lloydminster Region Health Foundation
LTC	Long-Term Care
LWCC	LiveWell with Chronic Conditions
LWCP	LiveWell with Chronic Pain
MAC	Medical Advisory Committee
MAPLe	Method of Assigning Priority Levels
MARS	My Access to Resources & Services (PNRHA Intranet site)
MDT	Mountain Daylight Time
Med Rec	Medication Reconciliation
MH&A	Mental Health & Addictions
MHO	Medical Health Officer
MI	Medical Imaging
MLH	Meadow Lake Hospital
MLTC	Meadow Lake Tribal Council
MMR	Measles, Mumps & Rubella
MORE^{OB}	Managing Obstetrical Risk Efficiently
MOU	Memorandum of Understanding
MRI	Medical Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MST	Mountain Standard Time
NEPS	Nursing Education Program of Saskatchewan
NHSN	National Healthcare Safety Network
NP	Nurse Practitioner
NPL	Northland Pioneers Lodge
NSL	North Sask Laundry (& Support Services Ltd.)
NSRMHH	North Saskatchewan River Municipal Health Holdings
OARS	Opioid Addiction Recovery Services
OHC	Occupational Health Committee

Appendix E - Acronyms & Glossary of Terms *(continued)*

OH&S	Occupational Health & Safety
OOS	Out-of-Scope
OPDS	Outpatient Day Surgery
OR	Operating Room

PAC	Practitioner Advisory Committee
PAPHR	Prince Albert Parkland Health Region
PART	Professional Assault Response Training
PC	Primary Care
PCOM/ BON	Partners for Change Outcome/Better Outcomes Now
PDSA	Plan-Do-Study-Act
PES	Patient Experience Survey
PFA	Patient & Family Advisor
PFCC	Patient & Family-Centred Care
PHC	Primary Health Care
PHI	Public Health Inspector
PLT	Provincial Leadership Team
PNHC	Prairie North Health Centre, Lloydminster
PNHR	Prairie North Health Region
PNRHA	Prairie North Regional Health Authority
PoC	Proof of Concept
PRAS	Physician Recruitment Agency of Saskatchewan
P3	Public-Private Partnership

QCC	Quality of Care Coordinator
QCDSE	Quality, Cost, Delivery, Safety, Engagement
QI	Quality Improvement

RFC	Resident & Family Council
RFP	Request for Proposal
RHA	Regional Health Authority
RHL	River Heights Lodge
RM	Rural Municipality
RN	Registered Nurse
RN/NP	Registered Nurse/Nurse Practitioner
RO	Regional Orientation
ROP(s)	Required Organizational Practice(s)
RPN	Registered Psychiatric Nurse
RPNAS	Registered Psychiatric Nurses Association of Saskatchewan
RPIW	Rapid Process Improvement Workshop
RTC™	Releasing Time to Care™
RTW	Return-to-Work
RW	Representative Workforce

SAHO	Saskatchewan Association of Health Organizations
SA/STL	Safety Alert/Stop the Line
SASWH	Saskatchewan Association for Safe Workplaces in Health
SCA	Saskatchewan Cancer Agency
SCM	Sunrise Clinical Manager
SEP	Single Entry Point
SHMS	Saskatchewan Healthcare Management System
SHNB	Saskatchewan Hospital North Battleford
SIA	Safety Improvement Assessment
SIGA	Saskatchewan Indian Gaming Authority
SIMS	Saskatchewan Immunization Management System
SIPPA	Saskatchewan International Physician Practice Assessment
SIS	Surgical Information System
SkSI	Saskatchewan Surgical Initiative
SLP	Speech Language Pathology
SLT	Senior Leadership Team
SMA	Saskatchewan Medical Association
SMO	Senior Medical Officer
SMS	Safety Management System
SSC	Surgical Safety Checklist
SSCN	Saskatchewan Surgical Care Network
SSI(s)	Surgical Site Infection(s)
SSPR	Saskatchewan Surgical Patient Registry
STARS	Shock Trauma Air Rescue Society
STC	Short-Term Care
SUN	Saskatchewan Union of Nurses

TCA	Tobacco Control Act
THN	Take-Home Naloxone
TIPS	Therapeutic Integrated Paediatrics Services
TLR	Transfer, Lift & Reposition(ing)

UIAF	Urgent Issues Action Fund
U of A	University of Alberta
U of S	University of Saskatchewan

Appendix E - Acronyms & Glossary of Terms *(continued)*

UNA	United Nurses of Alberta
VisWall	Visibility Wall
VP	Vice-President
VRE	Vancomycin Resistant Enterococcus
WAVE	Workplace Assessment Violence Education
WCB	Workers' Compensation Board
WHMIS	Workplace Hazardous Material Information System
WIR	Workplace Incident Report
WNV	West Nile Virus
3P	Production Preparation Process
3sHealth	Health Shared Services Saskatchewan
5S	Sort, Simplify, Sweep, Standardize, Self-Discipline

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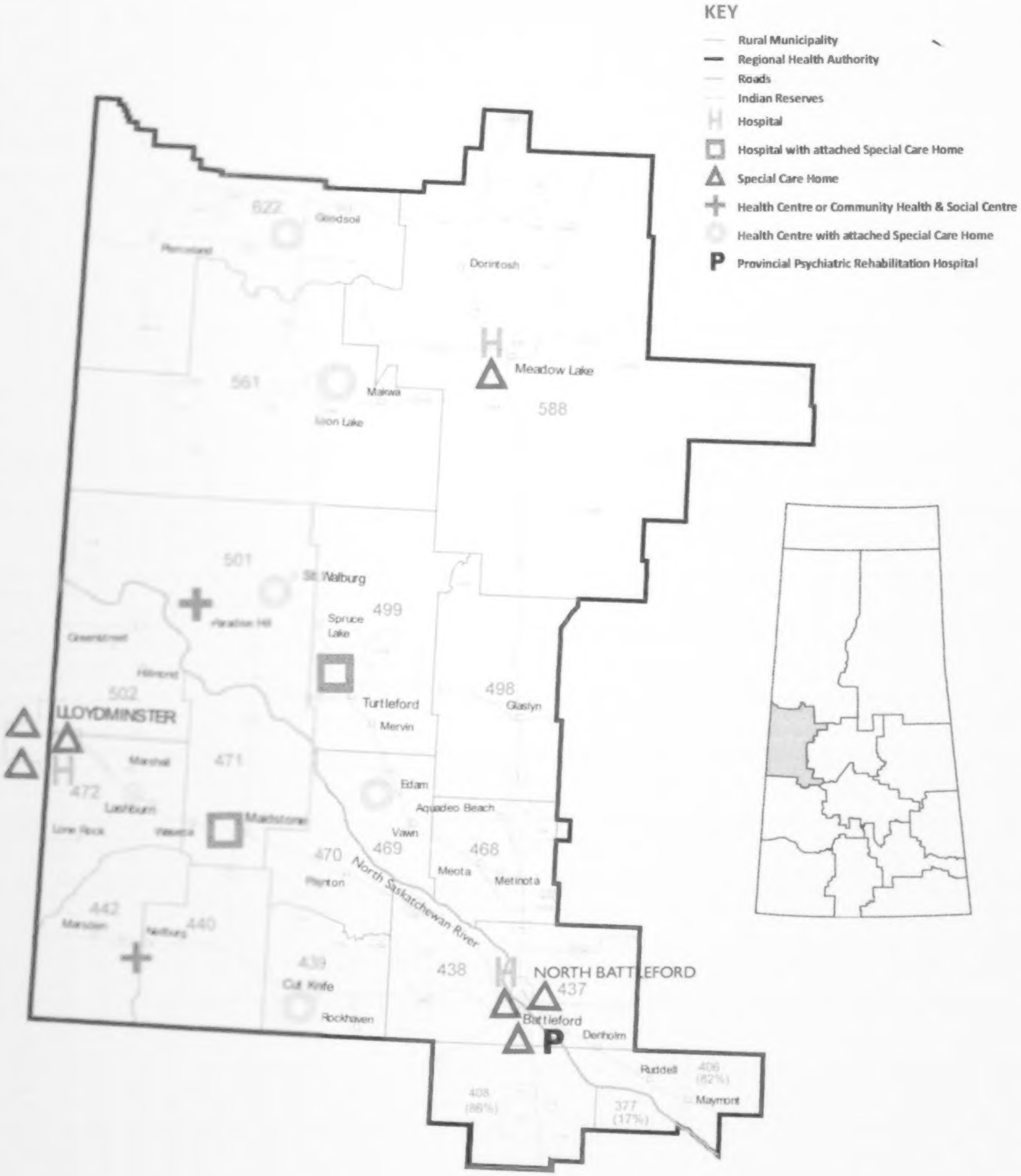
Prairie North Health Region



Prairie North
Health Region

Healthy People. Healthy Communities.